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LOOKING OUT FOR THE VERY YOUNG, THE ELDERLY, AND OTHERS WITH SPECIAL NEEDS: LESSONS FROM KATRINA AND RELATED DISASTERS

(111–71)

HEARING

BEFORE THE

SUBCOMMITTEE ON
ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS, AND
EMERGENCY MANAGEMENT

OF THE

COMMITTEE ON
TRANSPORTATION AND
INFRASTRUCTURE
HOUSE OF REPRESENTATIVES

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FIRST SESSION

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U.S. House of Representatives
Committee on Transportation and Infrastructure
Washington, DC 20515

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October 19, 2009

SUMMARY OF SUBJECT MATTER

TO: Members of the Transportation and Infrastructure Committee

FROM: Subcommittee on Economic Development, Public Buildings, and Emergency Management Staff

SUBJECT: Hearing on "Looking Out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and other Major Disasters"

PURPOSE OF THE HEARING

The Subcommittee on Economic Development, Public Buildings, and Emergency Management will meet on Tuesday, October 20, 2009, at 2:00 p.m., in room 2167 of the Rayburn House Office Building to examine plans and procedures in place that would provide aid to children, the disabled, and others with special needs in the event of disaster and to receive testimony on two congressionally mandated reports on children and people with disabilities.

BACKGROUND

Hurricane Katrina exposed many problems with our nation's ability to meet the needs of children, disabled and others with special needs during disasters. Approximately, one-fourth of the people who lived in areas damaged or flooded by Hurricane Katrina were under the age 18. More than 400,000 children under the age of five lived in, or were evacuated from, counties and parishes that were declared disaster areas by the Federal Emergency Management Agency (FEMA) in response to Hurricane Katrina. The vulnerability of this population presented many unique obstacles. For example, 5,192 children were reported missing or displaced to the National Center for Missing and Exploited Children as a result of the hurricanes, and it took six and a half months to reunite the last child separated from her family. In addition, 1,100 schools were closed immediately following Hurricane Katrina. Two years later, only 45 percent of New Orleans schools have reopened. These statistics reveal the importance of examining the special needs of children in preparing for, responding to, and recovering from emergencies and disasters.

According to the U.S. Census Bureau, persons with disabilities make the third-largest minority in the United States, numbering over 32 million people as of 2004. In addition, disabled children and youths under the age of 18 account for approximately five million people out of the whole U.S. population. If people with impairments are included, that number increases to over 51 million.

H.R. 3495, THE "KIDS IN DISASTERS WELL-BEING, SAFETY, AND HEALTH ACT OF 2007"[1]

H.R. 3495, the "Kids in Disasters Well-being, Safety, and Health Act of 2007" (P.L. 110-161) established the National Commission on Children and Disasters (Commission) to address the needs of children as they relate to preparing for, response to, and recovery from all hazards, including disasters and emergencies.

The purposes of the Commission are to: (1) conduct a comprehensive study to examine and assess the needs of children as they relate to preparing for, response to, and recovery from all hazards, including major disasters and emergencies; (2) build upon and review the recommendations of other government and nongovernmental entities that work on issues relating to the needs of children in disasters; and (3) report to the President and Congress on its specific findings, conclusions, and recommendations to address the needs of children as they relate to preparing for, responding to, and recovering from all hazards, including disasters and emergencies.

More specifically, the Commission is tasked with investigating the needs of children facing disasters in the areas of children's health, child welfare, elementary and secondary education, affordable housing, transportation, and relevant activities in emergency mitigation, preparedness, response, and recovery.

The Commission is required to submit a final report to the President and Congress on its specific findings, conclusions, and recommendations. An interim report was released on October 13, 2009. A final report, expected to be released next year, will contain additional recommendations and gauge recommendations already in place.

In the report for H.R. 3495[2], the Committee also encouraged FEMA to clarify its regulations concerning the eligibility of private nonprofit child care centers. While private nonprofit child care centers are eligible facilities under section 406 of the Stafford Act,[3] and FEMA has issued a policy[4] that recognizes the eligibility of these facilities, FEMA's regulations on private nonprofit facilities[5] do not specifically list child care facilities as eligible. As a result, the Committee expressed concern that this omission has caused confusion in the implementation of assistance to these facilities. The Committee strongly encouraged FEMA to amend it regulations to clarify the eligibility of private nonprofit child care facilities and required FEMA to report to the Committee within six months of the date of enactment[6] of this Act on the status of this rulemaking. While FEMA still has not

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[1] Provisions of H.R. 3495 were incorporated into Title VI of P.L. 110-161.
[2] House Report 110-425.
[3] 42 U.S.C. § 5172.
[4] FEMA, *Public Assistance Policy 9521.3 Private Nonprofit Facility (PNP) Eligibility* (July 18, 2007).
[5] 44 C.F.R. § 206.221(e).
[6] May 27, 2008.

promulgated this regulation, FEMA did report to the Committee on September 22, 2009 on the status of the rulemaking.

NATIONAL COUNCIL ON DISABILITY AND FEMA'S DISABILITY COORDINATOR

Title IV of H.R. 8070, the Rehabilitation Act of 1973 (P.L. 93-112) authorized the establishment of the National Council on Disability (NCD). Members of the Council are selected by the President upon receiving recommendations from members of organizations representing individuals with disabilities.

In April 2005, the NCD published a report laying out a scenario in which a large hurricane struck the Gulf Coast. The report stressed that decisions the Federal Government makes, the priority it accords to civil rights, and the methods it adopts to ensure uniformity in the ways agencies handle their disability-related responsibilities are likely to be established in the early days of an emergency situation and be difficult to change if not set on the right course at the outset. The report offered advice to help the Federal Government establish policies and practices in these areas. The report outlined, in the wake of 9/11 and the tsunami of December 26, 2004, steps needed to be taken to build a solid and resilient infrastructure that would enable the Federal Government to include diverse populations of people with disabilities in emergency preparedness and disaster relief, including access to necessary technology, physical plants, programs, and communications. Four months after this report was released, Hurricane Katrina struck the Gulf Coast.

Section 513 of Title V of the Homeland Security Appropriations bill for fiscal year (FY) 2007 (P.L. 109-295) required the Federal Emergency Management Agency (FEMA) to employ a National Disability Coordinator. Reporting directly to the Administrator of FEMA, the Disability Coordinator interacts and consults closely with the NCD on emergency planning and preparedness for individuals with disabilities in the event of a catastrophic disaster. In addition, the National Disability Coordinator assists in duties such as assessing the nation's preventions capabilities; coordinating and maintaining a National Disaster Housing Strategy; developing communication guidelines and programs in recovery centers; providing proper means of evacuation for disabled individuals; and ensuring the needs of such individuals are met in the event of disaster, as outlined in section 644 of S. 3721, the Post-Katrina Emergency Management Reform Act of 2006.[7]

In addition, Congress provided $300,000 to the NCD to ensure all assigned duties were fulfilled and to complete their report on effective emergency preparedness entitled "*Effective Emergency Management: Making Improvements for Communities and People with Disabilities*". The report was released to the President and Congress on August 12, 2009. The report identifies a gap in the availability and use of effective practices for community preparedness and response to the needs of people with disabilities in disasters. NCD uses this report as means of offering advice and counsel to all levels and branches of government to establish programs and practices for communities and people with disabilities before, during and after a disaster.

[7] 6 U.S.C. § 744.

EXECUTIVE ORDER 13347

On July 22, 2004, President George W. Bush signed Executive Order 13347,[8] which implemented a policy to ensure that the Federal Government appropriately supports the safety, security and general well-being of individuals with disabilities in situations involving disasters. The policy not only encourages, but facilitates cooperation among Federal, State, local, and tribal governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to disabled individuals.

Executive Order 13347 established, within the Department of Homeland Security and chaired by the Secretary of Homeland Security, the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities. Under the Order, the Council is made up of the heads of executive departments, Environmental Protection Agency, General Services Administration, Office of Personnel Management and Social Security Commission.

Each year, beginning one year after the date of the signed order, the Council is required to submit to the President a report citing its achievements in implementing the policy of the executive order. In addition, the Council is required to report the best practices and plans for emergency preparedness with respect to individuals with disabilities and its recommendations for the advancing the policy set up within Executive Order 13347. To assist in this implementation, and report, all agencies are required to assist and provide information to the Council and the Department of Homeland Security provides all funding and administrative support necessary for the Council's functions to be carried out.

PRIOR LEGISLATIVE AND OVERSIGHT ACTIVITY

The Committee and Subcommittee have held numerous hearings dealing with Hurricane Katrina recovery issues:

- "Final Breakthrough on the Billion Dollar Katrina Infrastructure Logjam: How is it working?" (September 2009)
- "Post Katrina: What it Takes to Cut the Bureaucracy " (July 2009)
- "Still Post-Katrina: How FEMA Decides When Housing Responsibilities End" (May 2009)
- "Post-Katrina Disaster Response and Recovery: Evaluating FEMA's Continuing Efforts in the Gulf Coast and Response to Recent Disasters" (February 2009)
- "FEMA's Response to the 2008 Hurricane Season and the National Housing Strategy" (September 2008)
- "Moving Mississippi Forward: Ongoing Progress and Remaining Problems" (June 2008)
- "Legislative Fixes for Lingering Problems that Hinder Katrina Recovery" (May 2007)
- "FEMA's Preparedness and Response to ALL Hazards" (April 2007)
- "FEMA's Emergency Food Supply System" (April 2007)
- "Post-Katrina Temporary Housing: Dilemmas and Solutions" (March 2007)

[8] *Executive Order 13347 of July 22, 2004: Individuals with Disabilities in Emergency Preparedness*, 69 Fed. Reg. 44573 (July 26, 2004).

- "Disasters and the Department of Homeland Security: Where Do We Go From Here?" (February 2006)
- "Legislative Proposals in Response to Hurricane Katrina" (November 2005)
- "A Vision and Strategy for Rebuilding New Orleans" (October 2005)
- "Recovering after Katrina: Ensuring that FEMA is up to the Task" (October 2005)

In the 109th Congress, Congress enacted the "Post-Katrina Emergency Management Reform Act of 2006" (Title VI of P.L. 109-295). Section 689b of the Post-Katrina Act establishes the National Emergency Child Locator Center within the National Center for Missing and Exploited Children. Section 689c of the Post-Katrina Act establishes a National Emergency Family Registry and Locator System to help reunify families separated after an emergency or major disaster. Section 611 of the Post-Katrina Act created a Disability Coordinator in FEMA (6 U.S.C. § 321b).

In the 110th Congress, the Subcommittee on Economic Development, Public Buildings, and Emergency Management has held several hearings in which witnesses discussed the effects of disasters on children. On March 20, 2007, the Subcommittee held a hearing on "Post-Katrina Temporary Housing: Dilemmas and Solutions". On April 26, 2007, the Subcommittee held a hearing on "FEMA's Preparedness and Response to All Hazards".

On September 7, 2007, Representative Corrine Brown introduced H.R. 3495, the "Kids in Disasters Well-being, Safety, and Health Act of 2007". This bill had not been introduced in a previous Congress. Provisions of H.R. 3495 were incorporated into H.R. 2764, the Consolidated Appropriations Act of 2008, which was signed into law on December 26, 2007 (P.L. 110-161).

In the 110th Congress, the Committee reported H.R. 1144, the "Hurricanes Katrina and Rita Federal Match Relief Act of 2007", to provide significant relief for communities devastated by Hurricanes Katrina, Rita, and Wilma. In addition, the bill focused on unaddressed concerns since the occurrence of these disasters. An amended form of the legislation was included in the Emergency Supplemental Appropriations bill that was signed by the President on May 25, 2007 (P.L. 110-28). The Committee reported H.R. 3247, the 'Katrina and Rita Recovery Facilitation Act of 2007', which passed the House on October 29, 2007, but the Senate took no action on the bill. The Subcommittee also collaborated with the Committee on Financial Services on H.R. 1227, the 'Gulf Coast Hurricane Housing Recovery Act of 2007', to ensure Louisiana's ability to use its Hazard Mitigation Grant Program funds for its Road Home program. This bill passed the House on March 21, 2007.

WITNESSES

Tim Manning
Deputy Administrator, National Preparedness Directorate
Federal Emergency Management Agency

Mark Shriver
Chairman
National Commission on Children and Disasters

Mr. John Vaughn
Chairperson
National Council on Disability

Mr. Trevor Riggen
Senior Director, Direct Services
American Red Cross

HEARING ON LOOKING OUT FOR THE VERY YOUNG, THE ELDERLY AND OTHERS WITH SPECIAL NEEDS: LESSONS FROM KATRINA AND RELATED DISASTERS

Tuesday, October 20, 2009

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS AND EMERGENCY MANAGEMENT,
COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE,
Washington, DC.

The Subcommittee met, pursuant to call, at 2:12 p.m., in Room 2167, Rayburn House Office Building, Hon. Eleanor Holmes Norton [chairwoman of the Subcommittee] presiding.

Ms. NORTON. Welcome to today's important hearing.

On September the 7th, 2007, Representative Corrine Brown, who is trying to join us this afternoon, introduced H.R. 3495, the Kids in Disasters Well-Being, Safety, and Health Act of 2007, a bill I was pleased to cosponsor. Provisions of H.R. 3495 were later incorporated into H.R. 2764, the Consolidated Appropriations Act of 2008, which became public law number as shall be indicated in December.

H.R. 3495 created a National Commission on Children and Disasters to conduct a comprehensive study, examining and assessing the needs of children as they relate to recovery, preparation, and response for all hazards, including catastrophes, disasters, and emergencies.

Hurricane Katrina exposed many problems concerning the Nation's ability to meet the needs of children during disasters. About a quarter of the people who lived in areas damaged or flooded by Hurricane Katrina were under age 18. More than 400,000 children under the age of 5 lived in or were evacuated from counties and parishes that were declared disaster areas by FEMA as a result of Hurricane Katrina.

The vulnerability of kids presented many unique issues. For example, 5,192 children were reported missing or displaced by the National Center for Missing and Exploited Children as a result of Hurricanes Katrina and Rita, and it took 6-1/2 months to reunite the last child separated from her family. In addition, 1,100 schools were closed immediately following Hurricane Katrina.

These statistics reveal the importance of examining the special needs of children in disasters. A specific focus on children, therefore, is justifiably the Commission's special concern.

Although we took a proactive role in directing the creation of a commission concerning the well-being, safety, and health of children in disasters, we had previously recognized the importance of assuring that FEMA addresses the needs of all vulnerable populations caught in disasters. FEMA is responsible for encouraging local and State governments to plan for evacuations of all special needs populations.

Our post-Katrina Emergency Management Reform Act of 2006 requires FEMA to other appoint a disabilities coordinator to ensure that the needs of individuals with disabilities are properly addressed in a disaster. The special needs population must also include hospital and nursing home patients who may not be able to move quickly because of their health. The worst example during Hurricane Katrina involved 34 people who died in a nursing home waiting for help for days in the heat of August without power, air conditioning, sanitation, or running water at temperatures in the building approaching 110 degrees. Some of the elderly and disabled in New Orleans simply drowned when they were left behind.

The New York Times reported on the work of Dr. Ann Powell, a physician who was working in the middle of Hurricane Katrina and was also forced to make several difficult decisions in the absence of clear standards of care for very sick patients trapped in her hospital. Since Hurricane Katrina, Dr. Powell has been a leading proponent for changing the law and establishing a standard of care in the event of disaster or pandemic.

Persons with disabilities are the third largest minority group in the United States, numbering over 32 million. If people with impairments are included, the number increases to over 51 million. In addition, there are approximately 5 million disabled children and youth under the age of 18.

After Hurricane Katrina, Congress recognized that the disabled must receive special focused attention. Now FEMA must use the National Commission on Children and Disasters' final interim report to think critically and objectively about guidance to State and local jurisdictions on the care of children, in particular in a disaster. Children and other vulnerable populations have unique needs that demand focused action plans that ensure the same survival for them in disaster as for other Americans.

Several of our witnesses today have stories to share that will remind us of what is at stake for children and citizens with disabilities and why there must be no more delay in building a comprehensive plan for addressing the needs of our children and other vulnerable populations in a disaster.

I welcome today's witnesses, look forward to their testimony and am pleased to hear any opening remarks from our Ranking Member, Mr. Diaz-Balart.

Mr. DIAZ-BALART. Let me thank you first, Madam Chairwoman, for holding this important hearing. As a Floridian this is the kind of hearing that hits home, literally hits home.

Last month we held a hearing on the Integrated Public Alert and Warning System and whether those with disabilities or those with limited English proficiency are able to adequately receive alerts and warnings when an imminent hurricane, storm, or other dis-

aster is coming. Now, unfortunately we found that much work still remains to be done.

Today we are focusing more broadly on the issues of whether emergency preparation, response, and recovery—if those efforts have adequately or do adequately address the needs of the very young, of the elderly, and others who—varied others who may have also a number of different special needs.

In 2004, President Bush issued an executive order establishing that it is the policy of the Federal Government to ensure that the needs of individuals with disabilities are incorporated in the planning for disasters.

In 2008, Congress established a National Commission on Children and Disasters to study and report on the needs of children in preparing for and to respond after disasters. Congress also charged the National Council on Disability with examining the inclusion of people with disabilities in emergency preparation and established a disability coordinator within FEMA.

So there have been some efforts and there has obviously been some emphasis from both the executive and also Congress. Notwithstanding these efforts, unfortunately, work still remains to be done.

For example, according to the National Council on Disability, many emergency managers and people with disabilities remain unprepared for a disaster and disaster planning continues without full consultation or even participation of people with disabilities, which is obviously contrary to what we are trying to do. And as highlighted in the National Commission on Children and Disasters' interim report, there are still inadequacies for the care of children in various aspects of emergency management. Again, we still have a long way to go.

This implementation of clear policies is absolutely unacceptable because the consequences, as the Chairwoman was saying a little while ago, can be very dire and tragic.

Following Hurricane Katrina, thousands of children were separated from their families and there were so many accounts of individuals with disabilities and seniors who were unable to evacuate, and we have seen and we know what resulted from that scenario.

With nearly half of our population either living with disability or under the age of 18, we must ensure that the interests and the needs of these individuals are fully, fully incorporated in our planning, in our response to and recovery from disasters. And as we will hear today, each of these categories of individuals, whether it is children or seniors, people with disabilities, have unique, unique issues that must be examined and addressed in our emergency management system, again, as the Chairwoman so eloquently said a little while ago. Otherwise the consequences can be tragic.

I again thank you all for being here. It is a privilege to have you all here. I appreciate your time. I look forward to hearing from the witnesses, Madam Chairwoman, and I thank you for having this very important hearing.

Ms. NORTON. Thank you, Mr. Diaz-Balart.

In light of the fact that the author of the bill has arrived and is a Subcommittee Chair on a parallel Committee, I am going to ask Ms. Brown if she has any opening remarks at this time?

First, I want to ask unanimous consent that the gentlewoman from Florida be allowed to participate in today's Subcommittee hearing.

Without objection, so ordered.

Ms. BROWN. Thank you, Madam Chair. I thank the Committee for letting me join this hearing today. In this Subcommittee this is a very important topic. In my home State of Florida we deal with the aftermaths of hurricanes every year and have struggled to deal with the unique needs of these vulnerable populations.

I look forward to listening to the comments made by our outstanding panelists and to move forward on this very important issue as to how to protect our Nation's children, elderly citizens, and others with special needs during a major disaster. In particular, I want to thank Mark Shriver for his leadership on the Children's Commission. Thank you.

Nearly 2 years ago, I worked to pass the KIDS WISH Act, a bill which established a National Commission on Children and Disaster, the commission whose representative Mark Shriver is here today to report back to us on these most important findings and recommendations and what have you done in the 2 years of study to examine the root causes and challenges as they relate to the needs of children during and after all hazardous disasters and emergencies.

During the events and aftermath of Hurricane Katrina, our Nation saw the tremendous gap in our emergency management response and recovery. We saw this to be especially true with regards to children. Indeed, children's needs are unique and are not as easy to carry out in an emergency planning for adults. Congress as a body, working along with numerous groups on this extremely important issue here today, must identify and invest in and prepare response and recovery plans for children to ensure that what we saw during Hurricane Katrina does not ever happen again. I want to repeat. We in Congress have to make sure that what happened with Hurricane Katrina never happens again in this country.

Perhaps what is most troubling to me about the current state of emergency preparedness system as it relates to our children is that the questions to this date remain unanswered. For example, will the shelter have diapers, baby food, and children's medication? Are there former sex offenders in the shelter? How do disaster survivors find their children if they are separated during an evacuation?

Certainly if anyone sits down and seriously thinks about all the various needs of children, he or she will quickly realize that many of our communities, schools, and States and local emergency managers do not have the concrete answers. So over the past 2 years this new commission, the Nation's Commission on Children and Disasters, has worked to come up with solution to these questions. I understand that just last week the National Commission on Children and Disasters delivered its interim report to President Obama and Congress, in which you identify several shortcomings in disaster preparation, response, and recovery and provided recommendations designed to make children an immediate priority to disaster planning.

So again, I look forward to hearing from the panelists today and in particular the recommendations being put forward by the Commission so that we can implement as soon as possible. I have instructed my staff to draft the Commission recommendation into legislation, and I hope that we as a Congress are able to turn them into law.

Thank you again, Madam Chairwoman, for this opportunity to participate in this very important discussion, and I yield back the balance of my time.

Ms. NORTON. Thank you very much, Representative Brown. Mr. Carnahan, do you have any opening remarks?

Mr. CARNAHAN. Thank you, Madam Chairman. Just briefly I want to thank you and Ranking Member Diaz-Balart for holding this important hearing. I thank the witnesses for being here and really shining a light on special needs individuals in the event of natural disasters, whether that be children, the elderly, disabled, or others. This is a very important component of our overall preparedness, and I thank you for contributing to that.

We definitely, from looking back, can tell we need to have a more holistic approach, a more comprehensive approach to incorporating these special needs, and I have particular interest, being a representative from the State of Missouri, in terms of how our State is hit and particularly our region along the Mississippi River. We are the among the most frequent States for natural disasters, floods, tornadoes. We are on the New Madrid fault line, and we had a bout of ice storms not long ago. So we have been hit by many, but some of the same issues come up and we look forward to hearing from you and thank you for your work.

Ms. NORTON. Thank you, Congressman Carnahan.

Ms. Edwards, have you any opening remarks?

Ms. EDWARDS. I do, Madam Chairwoman. Thank you very much and thank you in advance to each of the witnesses for your testimony today.

There is probably not one among us, at least here in the Washington area, that doesn't remember being separated from a child on 9/11 and the confusion that that caused and the need for the kind of coordinated response that you will be testifying to today. My son was actually, in fact, on Capitol Hill on that day, and I remember as a parent being very concerned about how to get to him in the wake of that disaster. And of course these disasters that we have to prepare for are both natural disasters and they are manmade disasters. We need only point to the experiences of the Oklahoma City bombing and the vulnerability of children in that disaster and any number of natural disasters, whether hurricanes, tornadoes, fires and the like. So I appreciate your testimony today.

Just yesterday I was out in Prince George's County in Maryland with first responders looking at the kind of advanced technology that they have to identify places, institutions, elder care facilities, assisted living facilities, child care facilities, schools of greatest vulnerability, and using their technology to make sure that they have their eye on the pulse when it comes to coordinating response in the event of an emergency. And obviously we need that in our own districts, but certainly in our States and in our region.

The tragedy of Hurricane Katrina and these other disasters really point to the need to coordinate a response for our most vulnerable populations, children, the elderly, disabled, those who are in need of immediate medical attention who might be separated from their providers.

So I hope today that we are also able to look forward at a set of standards and a training and assistance for child care providers and for those who work in assisted living and other facilities with these vulnerable populations who often report that they are at a loss as to what they might do in an emergency situation. And so I look forward to learning from you today and to working with my colleagues. And thank you, especially to the leadership of Representative Brown, to make certain that we consider these vulnerable populations in all of our emergency planning.

And I yield the balance of my time.

Ms. NORTON. Thank you, Ms. Edwards.

We will hear testimony in the order in which you are sitting. First Tim Manning, Deputy Administrator, National Preparedness Directorate of FEMA.

TESTIMONY OF TIM MANNING, DEPUTY ADMINISTRATOR, NATIONAL PREPAREDNESS DIRECTORATE, FEDERAL EMERGENCY MANAGEMENT AGENCY; MARK SHRIVER, CHAIRMAN, NATIONAL COMMISSION ON CHILDREN AND DISASTERS; JOHN VAUGHN, CHAIRPERSON, NATIONAL COUNCIL ON DISABILITY; AND TREVOR RIGGEN, SENIOR DIRECTOR, DIRECT SERVICES, AMERICAN RED CROSS

Mr. MANNING. Chairwoman Norton, Ranking Member Diaz-Balart, and other distinguished Members of the Subcommittee, good afternoon. It is a privilege to be before you today on behalf of FEMA and the Department of Homeland Security, and I am glad to join my colleagues from the Red Cross, National Council on Disability, and the National Commission on Children and Disasters.

I am also pleased to report to you that FEMA has established a Children's Working Group as of August, 2009, to serve as the Agency's primary advocate for children. The working group is responsible for ensuring that children's needs are incorporated into all of our disaster preparedness, response and recovery efforts, and coordinates the resources necessary to meet the needs of children in times of disaster. The group is chaired by a very senior member of the Department's leadership team and its members represent all sectors of FEMA.

Specifically, the Children's Working Group is focused on the following key areas: child-specific guidance for evacuation, sheltering, and relocation; disaster-related needs of children with disabilities; tracking and reunification of families; coordinated case management support; enhanced preparedness for child care centers; enhanced national planning, including the incorporation of children into national planning scenarios and exercises; incorporation of children's needs into grant guidance; improved recovery coordination across the Federal Government with State, tribal, and local partners in support of children's education, health, and housing; consideration as to how the Federal family can help ensure child care centers are able to rebuild and restore services more quickly

following a disaster; and increased public awareness efforts to educate families and protect children during disasters.

Historically, the U.S. Has approached disaster planning by focusing heavily on the needs of what we may refer to as the general population and has not devoted sufficient advanced attention to those who may have special needs and thus require special specific and immediate attention in a crisis.

Madam Chairwoman, FEMA is changing this paradigm. We believe that children, the elderly, persons with disability, and other special needs populations must be fully and consistently integrated into preparedness efforts and planning efforts at every level of government from the beginning. We must avoid putting planning considerations specific to those with special needs in a separate box and instead build better disaster response and recovery plans that account for the fact that those with special needs comprise a significant percentage of the population. One of our top goals is to institutionalize this approach across our agency and throughout emergency management.

In December of 2007, Congress created the bipartisan National Commission on Children and Disasters. The Commission has evaluated existing laws, regulations, policies, and programs that affect children in disasters, and we have received the interim report and look forward to the time report in 2010. FEMA has been meeting with the Commission regularly and looks forward to working with the Committee and Congress and implementing the Commission's recommendations.

Rather than waiting to move forward, however, FEMA has established a Children's Working Group, allowing us to address the Commission's recommendations in a proactive manner. For example, we have participated in the creation of a shelter supply list in concert with the Commission, the Red Cross, and other subject matter experts in emergency management and pediatric care. This list identifies the basic supplies necessary to sustain and support infants and children up to 3 years of age for a 24-hour period. The Commission recommends State and local jurisdictions provide caches of these supplies that support the care of children in mass care shelters for a minimum of 72 hours.

FEMA has built a strong network of both public and private partner organizations that will help unify and strengthen our combined capabilities. For instance, FEMA has worked with the National Center for Missing and Exploited Children to establish a National Emergency Child Locator Center. FEMA is working hard to ensure that its own basic planning addresses special needs populations, that we are supporting and assisting our States, tribes and localities in this regard. We are reinforcing the critical need and personal preparedness to encourage individuals and families to adequately prepare themselves for disaster events, recognizing that better individual preparedness translates into better community preparedness and resilience.

Madam Chair, in conclusion, FEMA and the Department of Homeland Security are committed to advancing our Nation's preparedness by emphasizing the disaster needs of our Nation's most vulnerable citizens. Our efforts must begin with personal preparedness, a process of individual thinking and consideration of basic

steps that each of us and our families must take to prevent and prepare for the next disaster.

In times of crisis government plays a critical role in coordinating the response and recovery efforts, especially in protecting and providing for the most vulnerable members of our population. Members of our communities with special needs cannot simply fall to secondary planning considerations but must be one of the central focuses of our planning, response, and recovery.

Thank you, Madam Chairwoman and Members of the Subcommittee, for allowing me to testify today. I am happy to answer any questions that you may have.

Ms. NORTON. Thank you very much, Deputy Administrator Manning.

Before we go to Mr. Shriver I note that our very busy Full Committee Chairman has come by this hearing. We very much appreciate his being here for whatever time he can devote, and I think it is an indication of the importance of this subject matter to the Committee and the Subcommittee that the Chairman, who I believe has more Subcommittees than any other Committee, is here and to offer his own comments, which I will ask him to do at this time.

Mr. OBERSTAR. Thank you, Madam Chair. I don't want to interrupt the flow of testimony but I do want to welcome the Commission and especially Mark Shriver, a friend of very, very longstanding. Not only Mark but his mother, Eunice, whose passing we all mourn but who is remembered in my hometown of Chisholm at the center, the Range Center, as it is known, center for intellectually and physically challenged people. And Madam Chair, Eunice Shriver dedicated that facility—she was the inspiration for it to start. She came for its dedication and there is a facility in her name, the Eunice Shriver Swimming Pool, which is something she suggested for physically and intellectually challenged persons, and it is regularly used not only by those who are resident at the center, but also people of the community. She is known and loved and her memory is treasured in Chisholm, Minnesota, and elsewhere around the country.

At an event that we had just recently, I noted frequently I would see Sarge and Eunice and Mark at mass in Potomac at Our Lady of Mercy, and Eunice would never forget to ask about the Range Center, its founder Veda Ponikvar, the publisher of our newspaper, and always sent her best regards, and let me tell you people were in tears when I told that story. And Mark Shriver continues in the spirit of the Shriver-Kennedy family of giving of himself to great public causes.

Thank you. You were the inspiration for this legislation to create the Commission, and we welcome your testimony here today and thank you for your continuing contribution.

Ms. NORTON. Thank you, Mr. Chairman.

Mr. Shriver, you have our condolences. As you know, you have the condolences of the Nation on the passing of your mother, who contributed so much to the Nation and the world for children and people with disabilities.

We will hear next from the Chairman of the National Commission on Children and Disasters, Mr. Shriver.

Mr. SHRIVER. Thank you very much, Madam Chair. And Congressman Oberstar, thank you very much for your kind comments, and I am very glad that you mentioned me going to mass; so hopefully that will make my father happy as well. So thank you very much.

Ranking Member Diaz-Balart, thank you for your kind comments, Congressman Carnahan, Congresswoman Edwards, and of course Congresswoman Brown, thank you for your leadership on this issue. You really picked up the ball and made it happen in the House under this Committee and we are awfully grateful for your support a couple of years ago and making this hearing happen today.

I am Mark Shriver. I am Chair of the National Commission on Children and Disasters, and it really is an honor to be up here on this panel to discuss this very important issue, Madam Chair.

I think for the last 10 years when you look at it, and for so many of us, especially for children, this will be remembered as a disaster decade. Our kids have looked at TV and from their windows they have seen skyscrapers collapsing, communities under water, entire neighborhoods leveled by tornadoes or engulfed by fire. And during so many of those events, children have been left vulnerable because of a disaster management system that treats them as little adults and doesn't account for their unique needs.

You have heard, as you said, Madam Chair, some of the statistics that are truly appalling. After Katrina it took up to 6 months to reunify the last child with their family. After Ike and Gustav shelters didn't have enough supplies, including diapers, formula, and cribs. In many cases children are not counted separately from the general population in the number of shelters, making it difficult to provide supplies and services to meet their specific needs. Research conducted just a few months ago showed that only seven States meet the basic child protection standards for schools and child care facilities across this country. And the statistics in New Orleans after Katrina and Rita show that there were 15,731 daycare slots at 266 licensed centers before the storm hit, and a year after 80 percent of those centers and 75 percent of those slots were still gone. And we often wonder why New Orleans has not had the economic development that it needs. When you don't have child care centers, child care facilities up and running, families with young children will not come back to work.

Children represent 25 percent of the American population. There are 74 million kids, 18 and under. We need to put their lives and well-being at the front and center. The Federal Government and its partners have not made children a higher priority than pets in disaster planning and management. I have to say, Madam Chair, that is outrageous. Instead, children are considered at-risk or special needs population and they are grouped in among the elderly, persons with disabilities, the medically dependent, persons with limited English proficiency; yet they make up 25 percent of the American population. Consequently, they are given less attention and resources when disaster plans are written and exercised when equipment and supplies are purchased. Congresswoman Edwards, you spoke about that. But those efforts are not addressed for children.

So Congress created the National Commission on Children and Disasters to look at this cycle of benign neglect. We issued our interim report last week. We gave it to President Obama and Members of Congress. The interim report identified a couple of disaster- - shortcomings in disaster preparedness, response, and recovery and provides recommendations to make children an immediate priority in disaster planning.

For the purpose of today's hearing I will focus quickly on just a few of the 21 recommendations provided in the interim report.

The first one, Madam Chair, is to incorporate children as an immediate priority within the White House and the Federal Emergency Management Agency. The White House plays a central role in leadership and coordinating role in advising the President on matters affecting national security, including disaster.

The Commission has recommended to the President that a coordinating council be formed composed of senior White House staff and collaborating with the National Security Council, Domestic Policy Council, and the National Security staff to serve as a focal point for presidential policy development specific to children and disasters.

As legislators, I would ask you to ask those entities whether they ever hear about children's needs in planning for and responding to disasters, and I will tell you the answer is unequivocally no. They don't hear at the higher levels of government about children's needs.

FEMA also plays a central role in coordinating support during disaster planning and management for partners, communities, and citizens, and Tim spoke a little bit about that. Administrator Fugate created a Children's Working Group that serves as a centralized platform across the agency, but as Tim mentioned, this just started in August of last year and I hope that as legislators you will keep pressure on FEMA to make sure that that Children's Working Group has access to the Administrator and really does focus on children's needs.

Our second recommendation is to provide a safe and secure emergency shelter environment for children, including access to age-appropriate services and supplies. The Commission facilitated the development, as Tim mentioned, of standards and indicators for disaster care for children. This is being piloted by the American Red Cross during the 2009 hurricane season. Standards and indicators will be evaluated and revised as necessary and incorporated in a comprehensive document to provide general shelter guidelines and training for shelter managers and staff. The Commission also facilitated the development of a list of age-appropriate shelter supplies for infants and toddlers. Based on this list, Federal, State and local disaster supplies can be created or expanded to support shelter managers with essential and cost-reimbursable supplies like baby formula, diapers, and cribs.

The third recommendation is that Congress should require tougher preparedness requirements for child care providers and increase support for child care services in the immediate aftermath of and recovery from a disaster. Congress can take immediate steps to prioritize child care disaster preparedness, response, and recovery: Include a requirement in the reauthorization of the Child Care

and Development Block Grant that requires child care providers to have comprehensive all-hazard material plans that at a minimum incorporates specific capabilities, such as sheltering in place, evacuation, relocation, family reunification, and children with special needs; require child care provider disaster plans to be coordinated with State and local disaster operation plans; provide reimbursement from the Stafford Act to support child care services to displaced families, establish temporary disaster child care and repair and reconstruction of child care facilities. We know, Madam Chair, that Administrator Fugate is looking at that issue, but I would ask that the Committee work to make sure that that decision is expedited and we don't have to wait.

Finally, and I will wrap up, the Federal Government must make up its mind to establish a single holistic disaster case management program with an emphasis on achieving positive outcomes for all children and families. After Katrina and Rita, the Federal Government provided at least $290 million for disaster case management services. These programs had poor outcomes and illuminated the need for greater coordination and program evaluation in the provision of disaster case management services.

The Commission recognizes that FEMA has authorized four pilot disaster case management programs following Gustav and Ike, but it is unacceptable that after a year FEMA and its partners still haven't worked out a case management system that is comprehensive, effective and deployed in a rapid manner.

In conclusion, the Commission strongly believes that the best way to instill public confidence in the way our Nation prepares for, responds to, and recovers from a disaster is to make sure the needs of children are an immediate priority. In the aftermath of a disaster, effectively providing for the safety and well-being of kids will provide greater stability and help families and communities recover.

Thank you, Madam Chair and members of the Subcommittee, for this time to talk, and we look forward to working with you on legislation that will make a better situation for kids all across the country.

Ms. NORTON. Thank you, Mr. Shriver and especially for your work in chairing this Commission.

The next witness is John Vaughn, the Chair of the National Council on Disability.

Mr. Vaughn.

Mr. VAUGHN. Madam Chairwoman, Ranking Member Diaz-Balart, and Members of the Subcommittee, on behalf of the National Council on Disability, thank you for the opportunity to talk about this critical issue here in our country.

The testimony I will offer today is based on NCD's work in emergency preparedness that started back in 2004. Simply put, NCD's interest is in a coherent national disaster management framework that is inclusive of people with disabilities. When we say ″coherent″ we are envisioning leadership that involves effective government coordination and collaboration across Federal, State and local levels of government. When we say ″inclusive,″ we are talking about a transparent ongoing consideration of people with disabilities within the same framework as nondisabled people.

According to the U.S. Census Bureau, approximately 54 million Americans have disabilities. The incidence of disability cuts across all age groups; however, there is a greater prevalence of disability as people age. For example, middle-aged people have a disability rate of about 22 percent; 65-to 70- year olds about 44 percent; and over 80 some 75 percent. By 2030 the population of people 65 and older will nearly double, comprising nearly 20 percent of the U.S. population. As a consequence, it is likely that disability will touch every American's life either personally or through that of a loved one. So when we talk about considerations of "special needs" populations in times of disaster, we are really talking about a topic that affects or touches every American.

I would like to note two of the major policy gaps we have identified through our research. One, there is a lack of involvement of people with disabilities in local planning throughout all phases of the life cycle of an emergency. Secondly, there is a lack of available resources to local communities to address the emergency concerns of the local community affecting all people and especially those with disabilities. Here are a few quick examples that illustrate these gaps:

One, people with disabilities are routinely excluded from local drills, preparedness exercises, and other planning processes. Two, one study noted that of 30 disaster sites, only 27 percent of the emergency managers had taken advantage of and completed available training on disabilities. Three people with disabilities remain largely forgotten during the response phase of a disaster. And, four, emergency warnings for people with disabilities is woefully inadequate. Most disaster warnings are only handled through a conventional communication system which is usually inaccessible to people with cognitive hearing and vision disabilities.

From our research it is clear that much work needs to be done. In order to build a coherent and inclusive national disaster management framework, we would suggest the following: That Federal grant requirements and incentives be used to ensure the direct involvement of people with disabilities in State and local funding proposals to FEMA and to DHS. Under such an approach, judging of State and local funding proposals would necessitate establishing benchmarks and evaluation criteria that demonstrate inclusion and address the needs of people with disabilities.

The challenges faced by people with disabilities during emergencies shouldn't be viewed merely as those of a special interest group because planning for and accommodating people with disabilities often means that we are better equipped to serve all people during an emergency. History has taught us that failure to plan for inclusion is a plan to fail.

I thank you for the opportunity to be with you, and I will look forward to any questions.

Ms. NORTON. Thank you, Mr. Vaughn.

The final witness is Trevor Riggen, Senior Director of Direct Services, American Red Cross. Mr. Riggen.

Mr. RIGGEN. Good afternoon, Chairwoman Norton, Ranking Member Diaz-Balart, and distinguished Members of the Subcommittee. Thank you for this opportunity to be here today and speak to this important issue.

As mentioned, my name is Trevor Riggen and I lead domestic service delivery for the American Red Cross.

When disaster strikes the American Red Cross is there to provide shelter, food, critical resources and support to those in need. Our first priority is to ensure that those affected have a safe place to stay, food to eat, and the tools they need to start their recovery. How our organization and the sector as a whole meets these challenges can go a long way toward ensuring a more effective and inclusive relief effort to benefit those in need.

Moving forward, as the Ranking Member mentioned, there is a lot of work ahead of us to meet the critical challenges and concerns laid out in both the interim report by the Commission and NCD. To build on that important work, we come today with four key recommendations: One, government and local agencies plan for a more permanent housing solution that is critical to families with children, the elderly and people with disabilities that are prioritized for assistance.

Two, that children are best served if the regular routine of their day-to-day life can be restored as quickly as possible. Therefore, we recommend that we all work together to make sure that schools can open as quickly as possible after a disaster.

Our third recommendation is we support accelerating the development of a national recovery framework. This important resource will help to coordinate the vast number of agencies that are willing to come forward for long-term recovery.

And, finally, children, the elderly and people with disabilities must be considered as distinct populations and not part of a larger special needs category. This last recommendation I would like to focus on for the rest of my time.

Over time the term ″special needs″ has become a catch-all for any person who may need additional services beyond the, quote/unquote, average survivor. As a result, disaster plans have become a lengthy list of appendices in an attempt to capture the multitude of possibilities and needs created by disasters. The assumption that the majority of persons fit in the average or one-size-fits-all category has proven to be false and plans to meet the needs of this entire community must change accordingly.

In short, special needs is not an adequate description. As we all agree, children are not small adults and people with disabilities and the elderly have distinct needs that demand our attention.

Over the past 4 years, the Red Cross has made significant improvements on our focus of these distinct needs. With the help of key partners like NCD, Save the Children, and FEMA, we are beginning to both define the needs and build those requirements into our general planning. One example of this is the proper resourcing of our shelters. Based on the analysis of critical barriers, we have strategically stockpiled key resources to increase accessibility and provide critical durable medical equipment to our clients. This includes items such as transferable cots, adaptive equipment for showers and toilets, and essential communications equipment.

The Red Cross is also currently working with FEMA on the development of a national capability to resource shelter with caregivers. This will assist local government in the identification of a

cadre of resources to help fill that gap and provide for the daily living assistance that many of our clients require and deserve.

Additionally, we have implemented important training to enhance workers' awareness and their technical ability for assisting those with disabilities and the elderly. Over 5,000 Red Cross volunteers have been trained so far, and we anticipate even further enhancements to this curriculum moving forward.

Most recently we have worked closely with the Commission on Children and Disasters to develop some exciting tools to codify the standards and best practices for children in shelters. This includes the much needed supply list of critical items we need when disaster strikes, including diapers, formula, bedding, and other basic necessities. We are beginning now to aggressively move forward to resource our chapter structure with the identified supplies for children and find the appropriate balance of both caches of these supplies and locally accessible items through partners and vendors.

A great example of this work is right here in the D.C. Area. Our local chapter, the National Capital Region, has worked closely with the National Organization on Disabilities to ensure that services and shelters are accessible to people with disabilities, and this includes a review of all shelters for accessibility and identification of specific items that would create a barrier to anyone needing access. The chapter has also received key government funding to secure additional equipment and supplies here locally.

In conclusion, Madam Chairwoman and distinguished Members, thank you for allowing us to testify today. We must all plan to serve our entire community after a disaster, and I thank you for your interest and concern on this important issue. I look forward to any questions you may have.

Ms. NORTON. Thank you, Mr. Riggen, and I want to thank all the witnesses for their helpful testimony.

Now I am going to ask one overriding question of all witnesses. Then I am going to go to the Ranking Member and to other Members before I ask another set of questions that I have.

When we are concerned about treatment of people who are identifiably a part of a group, we tend to focus on them as a part of that group. As you all are aware and as your testimony makes clear, people don't come in ones and twosies. Some might have thought that this report would be called—if it had been any other disaster, it would probably have been called ″families and children.″ There are very few children in foster care, and if they are they are also not supposed to be unsupervised. I want to make sure that in fighting the last war we are also fighting the next war.

The same is true, Mr. Vaughn, when it comes to people with disabilities. Most of them do not live alone. I was particularly impressed with Mr. Vaughn's testimony about the elderly because a good number of them live alone and would be absolutely helpless if there were a disaster. They live alone. They get around their homes well enough. They may even go to the store and do some things for themselves. But you tell them to be at shelter X, we are in trouble and they are in trouble.

So I am a little concerned that in focusing on people of a specified group, whether those people are children or people with dis-

abilities, we may lose sight of the context in which—where they live.

I will be very personal with you. I have a child who is now a woman with Down's Syndrome. She is 39 years old and I am pleased and proud that she lives with me, and so far as I can make possible, always will live with me. I believe that Katherine, if there were a terrible hurricane in Washington, Katherine would not be traumatized if she were separated from me. And guess what? I could be here. She could be at the lovely institute for drama and such that she goes to every day. So the chances are, at least given the hours that I have and the hours that many parents have, I wouldn't even be there. The fact is that the 6-1/2 months it took us to relocate some children with their parents went less to children than to how we treated families. Moreover, our focus on children comes because when we found so many children disconnected from the living unit, we were not prepared to deal with them as disconnected children. We didn't have the supplies. We didn't have the personnel. We didn't have the focus. So you would help me in looking at these groups which we see as disparate. We think children and families may live one way and we want to focus on children with families who have to be handled in one way. We see that there will be a special focus for people who are disabled and elderly. But when you consider the disability coordinator, the recommendations so far of the Commission and of others, I would like to know whether your recommendations conceive of them in the units where they are located or should be located were it not for the disaster and what your recommendations have—what recommendations you have to us about dealing with, first, family, whether it is natural family or other reunifications, as a function of whatever services we think we are supposed to provide.

So beginning with you, Mr. Manning, I would like all four of you to address the notion of the units in which these people that we are discussing today will either already be a part of or should be a part of if we are to provide them with the services they need after a disaster. Then I will go down the line.

Mr. MANNING. Thank you, Madam Chair. I think that is of course the most crucial part of our planning and our failure to plan in the past, that we have built a planning system for disaster preparedness, for emergency preparedness that focuses on the general population, and then when we recognize or we communicate with our partners that we have at the table today that bring to our attention that we have forgotten about a segment of our population, we tend to respond by the inclusion of an additional planning guidance or the recommendation that we write an additional plan to support and provide for those members of the community.

What we have recognized is that what we need is a better way to plan. We need a better system from the ground up so that we incorporate the needs of all the members of a community, all the members of our society, not a particular disability group or children as an annex or an afterthought or an add-on to our plans and our preparedness activities but one that cross cuts from the beginning.

Administrator Fugate uses the example of having been offered the opportunity to buy a certain number of cots for sheltering and

then a certain number of ADA compliant cots. And he asks the question why am I buying two sets of cots? Why don't we just buy ADA cots and they are available for use by everyone? It is that kind of thinking that needs to permeate what we do. It is a way of doing business, and it is one that we are undertaking with great speed and due diligence to bring across the entire mission set of FEMA and emergency management.

Ms. NORTON. Thank you, Mr. Manning. The greatest service FEMA could have provided in Katrina was not diapers. A lot of us know how to make do on that if you are going to have some to us in a few days. The greatest service they could have provided was advanced word to families about how to keep their children with them no matter what, and then lots of things take care of themselves once you are with your mama or your provider.

Mr. Shriver.

Mr. SHRIVER. Madam Chair, I think we need to do a better job addressing the issue you have talked about. I mentioned the child care issue and the child facilities that weren't rebuilt in New Orleans and part of the reason that city is still struggling. So I don't think we have looked comprehensively at the needs of families, if that is what your question is getting at. So we rebuild or put dollars through the Stafford Act for facilities, for levees, and for schools. But if you have a little kid—we have a 4-year-old. If you have a little kid who is going to school in second grade and there is no place to put your 4-year-old, you are not going to move back to New Orleans or you are not going to move to D.C. So we don't, I don't think, look comprehensively at the needs of families and children within those families.

Child care facilities here in Washington D.C., if a dirty bomb were to drop and you were evacuated and your daughter were to go to a different place, the facility that she is at or the place that she works at, I don't know if they are clear on where they are going to evacuate your child where your child is—and how your child is going to be reunified with you. If your phones are jammed, is there a backup plan for your daughter to reach out to another family member?

So we don't set minimum requirements for child care facilities across this country or other facilities. Whether it is a juvenile detention facility or the place where your daughter is, I would be willing to bet you right now does not have a comprehensive evacuation plan in place because the city, this city, does not require it and most States in this country don't require it. So they are not looking at kids' needs within the family structure and when it is a child care facility.

I have great respect——

Ms. NORTON. Is that true, Mr. Manning, that most cities don't have an evacuation plan for special needs facilities?

Mr. MANNING. Madam Chair, that is a local requirement and that is most likely true that the vast majority do not.

Mr. SHRIVER. I am talking for your daughter, but also through child care shelters—child care facilities across this country. It is not uniform in Washington, D.C. We are actually working with Councilman Evans right now to try to get legislation to make those basic standards—or requirements part of the law. And it is a no-

cost or low-cost alternative. So we are not looking at children within the family unit because we don't really focus in on child care facilities which deal with hundreds of thousands of kids in this city and millions of kids across this country.

I think the present leadership of FEMA has done a great job looking at children's needs and they have only been in office for 4 months. But unfortunately when we respond—when there was a response to American Samoa, when FEMA sent a team out there, they did not take within the Department of Health and Human Services the Administration for Children and Families which focus in on children's needs. They took ASPR, which focuses in on the health needs but is not focused in on the needs of children.

You know, we can go back and forth about why that didn't happen. I have great admiration for the Administrator, but I think that should have been part of the plan. We should be looking at not just the health needs of people impacted in American Samoa but have experts on the ground that understand the needs of children, the mental health needs of children.

If your daughter gets separated from you for hours, if not days, that is going to cause some real issues for you and your daughter. Imagine if your kid is 2 years old and separated and the mental issues they are going to have to deal with, or a 5 or 6-year-old if their home is washed away, if they don't have the resources there to deal with that.

So I think the answer is we have a lot of work to do in making sure that children are, in particular in the case in which I am talking, seen as a unit within the family and within the larger society.

Ms. NORTON. Thank you, Mr. Shriver. Your answer leads me, before I go on to Mr. Vaughn, to ask Mr. Manning whether or not there is rulemaking going on to clarify that child care centers can receive assistance in the event of disaster or, for that matter, that the kinds of places where kids hang out, like boys and girls clubs or even our own Head Start centers, would qualify to receive assistance in the wake of a disaster?

Mr. MANNING. Madam Chairwoman, yes. Currently facilities that meet those descriptions that are private nonprofits or nongovernmental organizations are eligible for disaster assistance, and we are exploring how we may be able to extend assistance beyond those facilities. Where you have for-profit facilities, they are excluded, and we are looking at that currently, yes, ma'am.

Ms. NORTON. Thank you, Mr. Manning. It is very important that we focus where the children are, in families or in these other facilities.

Now, Mr. Vaughn, I was impressed by what you said in regard to the question I have asked because you mentioned the elderly and people with disabilities. I mean we have people with very diverse disabilities. Somebody who is completely blind who goes to work every day is very different from someone who has to stay at home because he is so hard of hearing that he does not and has nobody to go out with him or the elderly person I mentioned earlier.

Ms. NORTON. Test the context in which disabled people live, are we able to deal with them in context, in the groups where they live or as individuals where they may live alone, Mr. Vaughn?

Mr. VAUGHN. Yes. In my written testimony to the Committee, we talk about the holistic planning that needs to occur at the national, local and State level, whether it be making sure at the local level that there is temporary housing to deal with the needs of families who get displaced or whatever. I think it gets back on a lot of these to me—and I think in our recommendation—that we need to get the availability of grants to get that kind of planning done. I expect that—I serve in, down in Florida where I live, on the local disability committee. One issue just came up the other day. The issues keep coming up. This had to do with the rising problem of children with autism and the impact on shelters.

So I think everything gets to be very holistic, and we really believe that there has just got to be more effort, because I think what we have heard from all four of us, that a lot of it is not getting done in the local communities. Living in Florida like I do, on the west coast, we had four hurricanes 4 years ago in 1 year. So you had better be looking after your own needs. But it has got to be a holistic approach to the functional needs of everybody. As a blind person, I am fortunate that my wife is sighted, but in a hurricane, I could become where I am having to fend for myself.

Ms. NORTON. Thank you, Mr. Vaughn. Mr. Riggen, the Red Cross, of course, has for decades had to deal with families, children. This is nothing new for you. Would you tell us about your experience and what you think—how people are handling their context?

Mr. RIGGEN. I want to thank the Chairwoman for this question because I think this really gets to the crux of the issue we are talking about today. The family structure in a shelter is very important, and I will start with the shelters. Part of the recommendations that we worked with the Commission on and what we are starting to develop now is to ensure that families are held together in shelters very closely. We are making sure the children are both protected and the family structure remains resilient after a disaster which is extremely important.

Ms. NORTON. Did you find in Katrina that sometimes the parents, because there were so many people, you know, were made to sleep on cots here and the children on cots someplace else in the children's section or something of that kind?

Mr. RIGGEN. It is an extreme case, especially in large disasters or large shelters. It is extremely challenging throughout a day when the resources are coming into the shelter. Where the parents have to leave the shelter to get resources and services, the children do get cordoned off sometimes and that is what we are trying to avoid. We want to get the family structure back. And worst-case scenarios, we don't want shelters to split up based on need. We don't want one part of the family to go to a special needs shelter and one part in a general population shelter. We want the family to stay intact. To have each type of shelter be able to absorb that population is extremely critical.

The other piece on remaining in the family is the pictures we have over here to the right from American Samoa, and this is our partnership with Save the Children on the ground there. There is some great work on working with children. What you don't see is the casework that happens in the villages. This is because we have

to go to the family, and every family is different. Disabilities can take all forms. They can be cognitive, mental, physical. The issues of the elderly in that family could be different. The family size can vary. The individual casework, sending a worker, a volunteer to sit down with a family and having them listen to the story, what are your needs, how can we best meet those needs? If we can keep a family in their home, that sends them forward on a recovery much quicker than having them have to move to a shelter weeks later.

So the casework piece is extremely important, and the transition of that casework to long-term case management is also extremely critical and we look forward to moving forward on that.

Ms. NORTON. That is really interesting. The notion of stay in place if you can is a really interesting notion.

Mr. Diaz-Balart.

Mr. DIAZ-BALART. Thank you very much, Madam Chairwoman. Before I start, I would also be remiss if I did not recognize also the great job that my colleague from Florida, Representative Brown, has worked on these issues. She is a tireless advocate for Florida, for her district but also for children. I think I would be remiss if I didn't mention that. Also, I thought Mr. Vaughn made a very interesting point and I apologize because I am probably going to butcher it. So I am going to paraphrase it. Mr. Vaughn, you basically stated that when you plan and you do a better job with people with disabilities, you help everybody because everybody benefits, everybody does well, everybody is planned for better.

I have a couple questions for Mr. Manning. The integrated planning system has been pretty widely criticized by this Committee, as you know, and the emergency management community as well as being too complicated, labor-intensive, just difficult to implement at the State and local levels. Is that going to be replaced? Are you looking at that scenario, your scenario-based system with an all hazards type approach as opposed to what we have now? Any idea what the status is on that?

Mr. MANNING. The integrated planning system is under review. It is being reviewed. The review is being led by the national security staff and the disaster readiness group, of which FEMA and the Department of Homeland Security hold a number of chairs. The emergency management community has had a tradition of doing all hazards based planning where we do a base plus annex planning. We do a base plan for those things that cross-cut all types of disasters and specific annexes to deal with the incident-specific issues. That is one of the more prominent options that are back on the table for our future planning system. There isn't a firm timeline for the completion of that, but it is very actively being looked at.

Mr. DIAZ-BALART. Thank you. I mentioned in my opening statement that the post-Katrina Act explicitly requires FEMA to coordinate with the National Council on Disabilities on all aspects of the national preparedness system. How will you ensure that FEMA implements this obviously very important requirement and actively coordinates with the NCD and the planning and preparation for disasters, which I think we have heard is not quite there yet.

Mr. MANNING. Yes, sir. We do have a very close working relationship with the National Council on Disabilities.

Ms. NORTON. Speak up, Mr. Manning, please.

Mr. MANNING. I am sorry. I will move closer. As we come into the review of the national response framework, which we will be beginning shortly, there will be a disability community as well as all of the—people representing all factions of our society and levels of government will be integrally involved in how we conduct that review. Thank you, Madam Chair.

Ms. NORTON. Thank you, Mr. Diaz-Balart. I would like to ask Chairman Oberstar if he has any questions at this time.

Mr. OBERSTAR. No questions, Madam Chair. I thought you put your finger on the issue very well right at the outset of the questioning. I also want to join with Mr. Diaz-Balart for complimenting our colleague, Ms. Brown, for being such an advocate on behalf of children and for the initiative Mr. Shriver put forth. Mr. Cao as well has spoken to me many times about the need to address these issues from his own experience in New Orleans. But I think, Madam Chair, that, you know, we have the FEMA authorization bill draft in Committee. We have had—you have had numerous hearings on the subject, a great deal of discussion about it, and I think we ought to just put some language rather than all these things that the Commission has recommended can be done, if you look at the forward, disaster management recovery, mental health, child physical health and trauma and so on all, of those can be done by executive order.

Do you now how long it takes for executive orders to make their way through? Do you know how long it takes to go through the Federal Register process and the mounds of documentation that they take and the months of publication of advanced notice of proposed, notice of proposed rulemaking, proposed rulemaking, final rulemaking. That could be years. I think we ought to just put some directive language in our bill in consultation with the minority members, the Republican Members of the Committee and take these well-thought-out recommendations in policy statement and direct FEMA to move on them.

I don't think we can wait. I don't think the children can wait. I don't think you, as you rightly pointed out, older persons, persons older than children, persons with other disabilities. You touched my heart so deeply with the story about your daughter. The center that I talked about, the Range Center, has numerous Down syndrome children who are being wonderfully cared for. We don't get hurricanes in northern Minnesota, but we do get blizzards and whiteouts.

And if one of those should strike and people should be locked in there, as happens, we have a similar situation only it will be a hell of a lot colder than during a hurricane. So we have an opportunity here, and I think we ought to just move ahead with this and do just do it by legislation.

Ms. NORTON. The Chairman's impatience is well placed, it seems to me, in light of the Committee's report and the testimony we have heard today. This Subcommittee will work quickly, Mr. Chairman, in light of what you have said. Mr. Cao, have you any questions for the panel?

Mr. CAO. I do, Madam Chair. Thank you very much. First of all, on behalf of my constituents in Orleans and Jefferson parishes, I would like to extend my appreciation of your work and the Ranking

Member's work in holding this very important hearing. And I would like to thank again your sustained attention as demonstrated by this series of hearings related to disaster response and recovery, especially what happened in my district during Hurricane Katrina.

Madam Chair, you are absolutely right. One of the greatest tragedies of Hurricane Katrina was the needless suffering of children, the disabled and those with special needs. I have heard of terrible stories from my constituents about their experiences during Hurricane Katrina, and let me just tell you a couple here. An elderly woman who was in my home area of New Orleans was unable to evacuate. It wasn't until days later that she was discovered dead in her home.

In another instance, emergency response officials rescued an elderly man and transported him to a make-shift evacuation center where he died while waiting for medical professionals to treat his diabetes. Those are just a couple of stories that basically explain some of the many problems that we had in regards to preparation, and eventually also in the recovery process. My question is to Mr. Manning. One of the biggest problems that I have seen so far deals with the questions of recovery, especially in the area of helping those who are mentally ill, those who are disabled, and as some of the information I have read today that right after Katrina, 1,100 schools were closed, and they were not open sufficiently quick enough in order to address the needs of children.

What plans does FEMA have in place in regards to recovery to quickly allow children to get back in schools, to allow medical facilities to help treat the disabled, the mentally ill, those who are in tremendous need?

Mr. MANNING. Thank you, Mr. Cao. One of the things we have learned through our past disasters is where we have shortfalls in our plans, and getting schools reopened to get a sense of normalcy in the community, get the students back where they can learn, where they have their peer support groups is absolutely critical. We were—while certainly nowhere near the magnitude fortunately of what your constituents went through in Louisiana—within a week in American Samoa, we were able to get all but one or two of the schools reopened, and we were able to get arrangements made for the students of those schools to attend others in the short term. We have made the restoration of essential services, including schools, one of the highest priorities in our stabilization of an incident as we transition from lifesaving to life-sustaining operations. We will continue to examine closely how we do, how well we do, how well our partnership with the local and State governments and the nonprofit and nongovernmental organizations as we come together as a team to respond to disasters where we can be better and modify our plans, institute additional training and ensure that the needs of our most vulnerable citizens are met as quickly as possible.

Mr. CAO. Thank you. Mr. Shriver, in your testimony, you stated the need for adequate child care facilities after a disaster. Actually, I experienced that difficulty myself. I remember driving all over the district, trying to find a place where I could have people care for my two daughters. It was a very difficult and very frustrating expe-

rience. Can you provide or at least enlighten us with respect to how the lack of adequate child care facilities impede the recovery process of New Orleans?

Mr. SHRIVER. Well, I think the statistics that were in the testimony speak to the dramatic impact and reduction of child care slots and child care facilities in New Orleans. I know that that is an ongoing issue, and I know it was an issue in Mississippi as well. I think the real question is a clarification of roles in what services are to be delivered for a recovery and who is supposed to deliver those. So if it is that child care facilities need to be rebuilt, is that FEMA's responsibility, mental health services and case management services I think are all very critical components to a recovery not only in Louisiana but across the country. How many dollars should be put into those different tranches and who is responsible for implementing those?

So you see not only in the Gulf Coast, but you see last year as well after Ike and Gustav that the issue of case management. Who is responsible for case management, what does case management mean? Is that FEMA's responsibility and is finding a shelter, housing constitute successful closure of a case? Or do you need mental health services, do you need health care services, do you need child care services? I think that that is something that you in your oversight responsibilities as elected officials should really work hard with FEMA to clarify. I think to defend FEMA, they have not had great clarity on that in the past. I think Administrator Fugate has done a good job, trying to get children's needs as part of the overall plan as compared to an addendum to a plan but I think that those issues of case management, is FEMA, do you want them doing case management work?

Mr. CAO. Mr. Manning, can you provide a response to Mr. Shriver?

Mr. MANNING. Certainly. Thank you. We are actively working with Health and Human Services to establish an interagency agreement that is going to resolve the issue of case management. By the end of the year, we expect that. Obviously that is not fast enough because disasters could happen at any moment. We need to be able to do that this afternoon. We have worked with HHS to establish some prescriptive mission assignments. We can do that today. We can deploy this quickly today. Mr. Shriver is correct in that we have not always been timely in that regard.

In our dealing with HHS, we may focus in on the emergency medical piece to the exclusion of the other parts of the Department and the other needs of the community. We have recognized that. We have taken steps to account for that, and we have the ability to send case management and will if necessary send it in part of the immediate response package.

Mr. CAO. Now in regards to child care facilities, as Mr. Shriver was pointing to, would it be the responsibility of FEMA to make sure that those facilities could be open? How do you come up with a plan, for example, to work out some of the issues in dealing with, for example, if the facility was insured under some private insurance plan? Have those details been worked out?

Mr. MANNING. The responsibility for the restoration for the reopening of child care facilities is one that is shared by the commu-

nity. FEMA's role is one of supporting the Governors in support of local communities in response to a disaster. We can certainly and do provide planning guidance to communities to be able to expedite that. Through the delivery of services, disaster assistance can expedite that as well. Where a facility won't have the means to re-establish themselves, we can assist in that as well. We do consider child care centers when operated by private nonprofits to be performing an essential government service, and we will work with them, and then going forward, look at rulemaking to clarify that as well.

Mr. CAO. Thank you, Madam Chair. Those are all the questions I have.

Ms. NORTON. Thank you, Mr. Cao. Mr. Cao is really pointing out the difference between—and I think Mr. Shriver's comments go to this too—if they are already in a child care facility, then we need to make sure the child care facility knows what to do. But the need for child care facilities, if a family is fortunate enough to go back to work and there is no standing child care facility, whether it is the one she used before or not, then of course case management has fallen very short. Ms. Brown.

Ms. BROWN. Thank you, Madam Chair. Let me just say that I think Katrina will go down in one of the worst disasters in the history of the United States. Not that it was one of the worst disasters, it was one of the worst responses. And of course, you saw a government that was incompetent. Thousands of people got killed. This should not have happened, and what lessons have we learned? But one of the things that was encouraging was how the communities came together and worked together. My community came together. Communities came together all over the country, and we sent 10 tractor trailers full of—you know, we called and said, What do you need? We need diapers, we need water. Whatever they needed we put it on those tractor trailers and we sent it to New Orleans and we had the State reps there that unloaded them and made sure it got out to the people.

So there is a—you know the American people looked at it, and this came from all over the country. They said, you know what can we do? This could be us. So we have got to make sure. I have made it my business to go there at least twice a year and I am getting ready to go there again the first of November. I tell them, I am their Member at large. I want to come and see how we are working and what we are doing.

So Mr. Shriver, can you give me your report? I know it is lengthy. But what recommendations, what should I be looking for when I go the first of November?

Mr. SHRIVER. Specific to New Orleans or in general?

Ms. BROWN. Well, you know in the broader picture. I come from Florida so we have it constantly. But I can tell you, it seems that maybe we are a little bit more prepared, maybe the government worked better with us as partners because it seemed that you know it wasn't a one team one fight there in that whole region.

Mr. SHRIVER. I think that clearly the relationship that FEMA has with its partners is much, much better today than it ever has been. And I think we got a real sense not only the National Commission, but my other job working for Save the Children, which

does respond to disasters have a much better partnership with FEMA than we have ever had. The door is open. The partnerships are much stronger than it ever has been and there is real change in the last 4 months since Administrator Fugate and Mr. Manning and their team came onboard, and it is also true with the Red Cross. There are much better partnership opportunities and much better responses than there ever were clearly under Katrina or has been in the past.

I think you can continue to ask about the partnership opportunities and put pressure on all of us to work better together. I think you should ask in New Orleans about the case management issues that are happening in the Gulf Coast. I think you should ask about the case management response in Texas as a result of last year's hurricanes. Are services being provided to families and kids that need those services? Was that done in a timely fashion? Mr. Manning talked about coming to grips with a comprehensive case management system set up by the end of this year. I think you should ask about that. I mean, I think that—you know after Ike and Gustav went through last year—and this was before the present administration was in there—there were months and months of delay for case management services being delivered. If that happened to my family, if that happened to your family, I think there would be a lot of hell to be paid.

The bottom line is that unfortunately for too many families that are impacted by disasters, they are poor, in many cases minority, and they don't have a mouthpiece to get their message out. So I think you could look and ask those questions about not only the case management after Katrina, which is ongoing, and the mental health needs of the kids that are still in the Gulf Coast is so profound, it is unbelievable. I will send you, Congresswoman, some of the statistics that are out there, and the lack of resources for mental health services for those kids. I think those are all questions you should be asking the Federal Government, if they are going to provide those services.

Ms. BROWN. I do know that as far as for the veterans, I pushed from my other Committee on Veterans Affairs and we are going to rebuild the VA hospital right there in the center. So it is going to be kind of a medical center that will provide the services because I know that they have had no hospital. Their complete hospital was wiped out and the veterans facility was wiped out. But it will be the center and working with a group coordinating for the community. So there is progress, but we need to make sure that we continue the progress.

Mr. SHRIVER. Well, I agree with you, Congresswoman. I think as Mr. Diaz-Balart said in the beginning of his comments and throughout his comments, that there is still a lot of work that still needs to be done——

Ms. BROWN. No question.

Mr. SHRIVER. —I think we should be asking the administration one of the lead recommendations that I spoke about and that is in the report is having folks that understand children's needs be part of the Domestic Policy Council and the National Security Council, and we have talked to those folks and they will tell you the needs of kids do not come to the forefront. I have talked to Members of

Congress who have told me that after Katrina, there was a lot of focus on housing and on levees and rebuilding those and the infrastructure, which is all critical but we forget about human service needs and we forget about poor kids, and we forget about the mental health, the health services of those kids and we move on to the next disaster. It has almost been 5 years now and I think we need to ask this administration to really step in and address some of the glaring inadequacies in the planning for, responding to and recovery of disasters generally but in particular the one that is still going on in New Orleans, which is still a disaster.

Ms. BROWN. As we sit here today and speak—I just returned from Haiti—but there is a tent city right there in New Orleans where families, children, are living under the bridge or something. So there is a lot of work that we realize we still have to do to support the families that are in those communities.

Madam Chairwoman, I want to thank you again for holding this hearing. I am looking forward to thoroughly reviewing the report from the Commission. Thank you.

Ms. NORTON. Thank you, Ms. Brown, for your leadership.

Ms. Edwards.

Ms. EDWARDS. Thank you, Madam Chairwoman. I just have a couple of questions. When you think about the population, 25 percent children 18 and under, 20 percent of our population identified with disabilities at a minimum, about 20 percent elder population, when you start adding those numbers—although there is some overlap—it is our population. So I really do share the view, I think, expressed by each of you in different ways that when it comes to disaster management, we do need to look holistically because we are talking about the population, not a special population, not a segregated population but really all of the population that requires a certain set of needs.

My question goes to a couple of things. One, I recall during Katrina—because I did much more work around issues of domestic violence—that many of our national domestic violence organizations were able to reach out to the Administration for Children and Families not through FEMA to provide relief and relocation services for mostly a population of women and children who had experienced domestic violence. One of the things that was happening in New Orleans is that those women and children who had to be evacuated from shelters were, in fact, moved to a place exactly where their abuser was. And when you get to issues around case management, there is a really clear need for case management because if you had a case manager who is looking holistically at the family and its needs, that kind of placement actually would not have happened. There was some additional work done through the Administration for Children and Families. It really was not FEMA-related when it came to relocation of some of that population.

So I would just draw your attention to it. I also am really concerned on this issue of standards. I wonder if each of you might speak to that. The kind of standards for preparedness that might be necessary for child care providers but also long-term care providers, adult day care facilities. All of these sort of different kind—you know, day care arrangements for adults with special intellectual and physical challenges. Many of these kinds of institutions

are already regulated by the State. So how difficult would it be to encourage our States or facilitate our States' ability to provide both tougher standards, but also the training and tools needed to participate effectively in disaster management efforts?

So I wonder if you would speak to that. Then in some instances, I know in the State of Maryland, most child care is actually not provided in these more regulated child care facilities. It is home-based child care, even multiple children in home-based child care. So I would be concerned if we were only focused on ensuring the needs in that environment when we are missing the needs of a much bigger population for children. Mr. Manning and Mr. Shriver also.

Mr. MANNING. Thank you, Congresswoman Edwards. Those are very important points. If I may, I will start with the second first. The same difficulties that we have in reaching individuals and trying to increase individual and family preparedness, community preparedness we would face, we do face in reaching the child care center that is based in the home, that is maybe a nanny share or simply the willingness of neighbors to help neighbors and bring their children into the home. There is not regulation, there is not grant guidance that we, at FEMA, can issue that will address that. What we can do is to continue to try to push on our individual and family preparedness initiatives in our partnerships with the team at State and local governments and private nonprofits throughout the community, throughout the country to try to reach those. At the same time, as we work with the established and regulated child care facilities, again, as you mention, they are regulated largely by State governments and in some cases municipal codes. It is not something that barring Federal legislation we can reach from FEMA.

We have often success in implementing those types of programs through grant guidance but again, as there aren't grant programs specifically designed for child care centers, that is a population that is missed. We plan to, and are currently incorporating the recommendations from the Commission and our partners that are going to our State and local partners, part of which will encourage the incorporation, as we have discussed, of the entire society into our planning. And this can be done as well. But we have seen through the tragedies of school violence over the last number of years, Columbine and Virginia Tech and others, that there has been a response by the secondary and higher education, high school facilities to do this planning, to do safety planning. They are required to. There are grants for it and they do it. The encouragement of child care facilities to do that same type of planning is a natural extension of that same school safety planning initiatives that we have had for our elementary, secondary and higher education facilities. I believe that we would have success encouraging that message as well.

Mr. SHRIVER. In the State of Maryland, Congresswoman, in the last legislative session there was legislation introduced by Senator Frosh that was passed that set these basic requirements for the State of Maryland. They were supported by the Department of Human Resources and the Department of Education as low-cost or no-cost alternatives. These basic requirements—this is for child

care facilities—also reach into home-based care as well because, as you know, they are regulated by the State.

They have less, obviously, kids in the home, but you can have those standards apply across the board. They have done it, I believe, in Maryland for senior centers as well. So they are low-cost or no-cost alternatives. You can tie Federal dollars, as I mentioned in my opening statements, to the child care development block grant and the entity that is getting CCDBG money to maintaining, or reaching Federal standards.

Also, I would say this is not necessarily FEMA's responsibility. The Administration for Children and Families and their child care bureau, you ought to have conversations with them. FEMA is part of the team, but again, it gets back to the clarification of roles. I don't think they need to be driving that issue. But should ACF be requiring that? Should they be setting the standards? Should they be finding what those standards are and sending those across the country? The answer, I think, is yes. There was push-back because I have testified on behalf of the bill in Maryland, and there was some concern about cost. The bottom line on the fiscal note said there was no cost. Other States are doing this now, including Mississippi and Alabama, and they deal with both home-based and larger centers. That is why I specifically said child care facilities because it includes both the home-based as well as the centers that serve more kids.

So I think you ought to bring in the Administration for Children and Families and ask them what they are going to do on this issue as well and whether they have standards that should be implemented across the country and push them to do that.

Ms. NORTON. Thank you, Ms. Edwards. This is a question certainly for Mr. Shriver, who mentioned in his testimony but clearly as well for Mr. Manning, and Mr. Riggen and Mr. Vaughn, as well may have had some relevant experience here, to say the least. The nemesis, perhaps, of this Committee has been case management. Indeed, one of my questions to you, Mr. Manning, is how many people are still listed as in case management from Katrina on the gulf coast? This has been a very troublesome area for this Committee, which has had a number of hearings on the matter.

Mr. MANNING. Madam Chairwoman, I apologize. I don't have that information today, but I will provide it to you.

Ms. NORTON. 30 days, Mr. Manning, if you could get us that information.

Mr. MANNING. Sure.

Ms. NORTON. You mentioned, Mr. Shriver, the notion of case management, the need for what you call holistic case management. We know from the hearings we have had that these families, already dislocated and displaced, have been compelled to go here and there for services, housing here, health care there, no transportation to get there or very scattered transportation. Yet, that is logistically very difficult, as we have seen, by the failure of both the States and FEMA in this regard. I wonder if you would indicate what you mean by holistic case management? What would it consist of? Who would be involved? Would it only be the government? Would it be nonprofits? How would you put together a case management system? Then Mr. Manning, how do you evaluate these

contractors who are parts of your case management system who often are for profit contractors, Mr. Shriver?

Mr. SHRIVER. Thank you very much, Madam Chair. As you know, FEMA has entered into relationships with, I believe, four different approaches to case management. Within the interim report, which I am happy to send to you, we spell out what holistic comprehensive case management is. It includes health, mental health, nutrition, education, human service needs of kids and families. It does involve voluntary agencies that would provide case management services. You see different examples of it as a result of the hurricanes that have gone through the gulf coast over the last 4.5 years. I don't want to go through the——

Ms. NORTON. Do you mean that these would be working together in a group—I mean, these services all exist in some form or fashion if people would only get to them.

Mr. SHRIVER. That is correct. I think, again, what I would say is I think you in your oversight capacity ought to be asking FEMA and the Federal family or the Federal Government agencies that are working on case management what approach they are going to take that is comprehensive in nature and when are they going to make that decision by because I think it is just——

Ms. NORTON. Let me go to Mr. Manning on that. You correctly point out the government agency with responsibility here. Now, Mr. Manning, for the life of me we could never understand why FEMA didn't say, okay, X, Y, Z and A, B and C, you are hereby constituting the case management group for the parish of X. Guess what, you are all in the same group, you are all under the same tent. You decide how and where to go. You go together. What keeps that from happening, Mr. Manning? What are you doing to allow that to happen so that we don't have scattered services? Are you working with nonprofits in the same group as for-profits and in the same group as the agencies of the State and FEMA itself? How does that work? We are trying to picture in our mind after having been frustrated over and over again by the same complaints about here and there and how nonprofits couldn't even get into the mix. I need to know what your vision is of case management as directed by FEMA.

Mr. MANNING. Thank you, Madam Chair. As I mentioned earlier, we are entering into an interagency agreement with HHS with the ACF for exactly that. We are dissatisfied as well. We in the past have had an inconsistent approach. Clearly we share your frustration. The long-term solution and the reason it has planned to take until the end of the year is that we can do exactly as you are describing, incorporating fine methodology to incorporate all of the various private nonprofits, or NGOs and PNPs that involve——

Ms. NORTON. It is not rocket science, Mr. Manning. Just tell them, You are the designated group for the county that had just been under—we just don't see why it is so difficult. And we are very concerned within 30 days to get at least some outline of how this would operate. We can't tell when the next hurricane is coming. We think it is too late for us to have to ask that question. We are very fearful that we will be held just as responsible as the new administration. Just because we have been asking it forever doesn't mean we will continue to tolerate what seems to us to be—maybe

I am making this overly simplistic. Let me ask Mr. Riggen. The Red Cross has been in this business longer than government. Mr. Riggen, what is the problem? What do you do when, after all, you go in fresh and new to a Committee. Yeah, you have Red Cross chapters there. Are you able to get at least the services you provide in the context you have in the community together under one umbrella to work together? You, of course, work with FEMA which may have, if anything, destabilized you or in the past may have done so. Could you tell us about your experience, bringing together the several services that you render as a part of Red Cross?

Mr. RIGGEN. Thank you, Madam Chairwoman. This is a great question. And to build on Congresswoman Edwards' point on standards, we have really started to focus now on the recovery or the casework and case management standards. In the years after Katrina, there was a large focus on mass care, on the immediate evacuation needs, and on the sheltering needs. We are now getting to some of the real crux of casework and that ability of organizations to start to meet with families and not only identify the families themselves but to identify their needs and to share that information across agencies. One of the biggest tragedies is for families is to have to tell their stories 12 or 13 times, depending on who they are going to see.

The Red Cross worked with other agencies after 9/11 to build a system called the Coordinated Assistance Network, which allows casework to flow between agencies so that if a client comes to the Red Cross, tells their story, expresses their needs, that case is able to be seen by other agencies and shared across the network so the family could then go to see that agency and receive services as well, and our caseworker can actively push the clients to those resources as they become available.

The other thing that we have done at the Red Cross is we have changed our strategy about casework and we have become much more holistic on our initial push. Casework must happen in the initial week, not months. There has to be that ability to go door to door to talk to families in need, elderly who are homebound, people with disabilities who can't get out of their homes or don't have the transportation. We want to come to your front door, have that conversation to see what the needs are before the family starts to degrade, before the individual decompensates and needs additional assistance. How do we get those resources to show up on day 4, on day 5 and then transition that data and recovery information to the case management, whether they be Federal, local or State? We want to be able to provide that resource and be a holistic team to do that. So as part of that casework, what we have reinvented is not only the caseworker, but also the health worker, the mental health worker and bringing in the community alongside with all their additional resources that we can provide to a client in the weeks, not months, after a disaster.

Ms. NORTON. And I don't see the logistical problem. We live in the age of video conferences. I have had video conferences with residents from the District of Columbia in Federal prison, for God's sake. So I really don't see the issue here, which accounts for the concern. Mr. Manning, I hope you understand what is our concern. As we understand it, if you are a recognized—if you have been

dubbed and maybe there is a way to do this ahead of time or during the time, if there were an unexpected catastrophe, but you have the status of a government entity for purposes of reimbursement on some occasions. You, the Red Cross, our oldest such service organization. But as I understand it, Mr. Manning, other nonprofits or private entities which are well recognized and which some say provide better service in emergencies and nonemergencies than the government can are not recognized and, therefore, cannot be reimbursed.

Do you have a process that will be used or is being used to select in advance or during emergencies nonprofits who could reach out to be helpful? For example, the American Red Cross has itself an agreement with Save the Children and Church of the Brethren. I don't know if they get reimbursed.

Let me ask you both: First, Mr. Manning. I am talking about reimbursement for folks trusted in the community. Even more so than having the HHS or some Federal Government entity which they may have never heard of come in. Under whatever rulemaking you are engaged in, will there be a way to formally designate more such entities who could be useful to the government and to the community in case of a disaster?

Mr. MANNING. Madam Chair, as to the specifics of the rulemaking, we can get a report to you within 30 days.

Ms. NORTON. Within 30 days, sir. This is very important to learn. We don't have any druthers here. We have had heartbreaking testimony from religious organizations, for example, from Louisiana willing to offer services, some of whom have indeed offered services when FEMA and the State was not even present, for whom not a dime of reimbursement. They are good Christians or good—and most of the time, they were Episcopalians or Catholics who simply couldn't help it. They simply came forward. We don't want to at all relax government standards, and we want to make sure that you are not aiding people of your religious group only, church/state means everything to at least this Member and that separation must be obtained in the provision of services, as Catholic services, for example always recognizes. But we are concerned with those who can be most helpful, not those who had a government title necessarily who may be strangers in the community, be the entities that you can look to. What about this trilateral agreement, Mr. Riggen, with Save the Children and the Church of Brethren? That is an agreement with you, I take it.

Mr. RIGGEN. It is a fantastic agreement, mostly around shelters. It is an opportunity for Save the Children to provide some resources. Some kids that provide a safe place for children in a shelter and those resources come into an environment and Church of the Brethren provides a workforce for us to be able to provide child care for families in shelters or other service delivery sites as they go seek assistance, as they spend time with a caseworker or case management to know what the next steps are. And that is a program that we do.

Ms. NORTON. That operates as a part of the Red Cross services?

Mr. RIGGEN. It does, absolutely.

Ms. NORTON. So they would be designated to be reimbursed?

Mr. RIGGEN. Most of our services are not. We do not seek reimbursement from the Federal Government. They are done—and just to speak to the earlier point around the compassion and the generosity of the American public, the public has come forward in every disaster with immense generosity, and they continue to do so. Those funds come from private donations large and small, and we work with our partners to help them with cost, much like we do now in sheltering.

If a local church wants to open their doors at shelters, we can seek to provide them the training and skill sets to do that, and we also help to recover their costs.

Ms. NORTON. That is very important. I want to indicate, we are not trying to pay churches for what their religion tells them they should be doing anyway. My major concern is that FEMA has often contracted—here I am talking about people for whom you contract—has often contracted with for-profits before they would contract with non-profits who have reputations for service delivery. We couldn't understand why a for-profit would be better equipped than a non-profit who may have served in the community for some time and perhaps be receiving grants from the State, why that wouldn't be someone that would be considered for this service.

Mr. Vaughn, you talked about the role of preparedness. You talked about warnings, education, transportation and sheltering services. You know when people hear us talk about that, Mr. Manning, at a hearing where FEMA appears, they may assume that this is what FEMA is supposed to do. Could we make clear what the role Federal here is, what the State role is? And I want to first go to Mr. Vaughn because he raises the question of the design of the warning and the education and the transportation, the sheltering services which would of course be particularly vital to for elderly and disabled people. What have you found with respect to those services, Mr. Vaughn, which move people around, which warn people who are disabled or elderly? And Mr. Manning, is it clear whose responsibility this is? Mr. Vaughn?

Mr. VAUGHN. You know, what we have learned from our research again is that most communities, maybe 30 percent, are doing the planning they need. And I think a lot of this discussion that has been going on here with you all about case management, we, again, hear about that. People trying to get in touch with Social Security or whatever. I think the bigger concern is what happens if we have another disaster? A couple of us in this room have roots in Florida and you just know that someday that is going to happen. So I think we are not prepared locally, and I think people at the local level are looking to the Federal Government or to their State governments, yet they know they need to be doing it in the local community because when the problems hit, that is where the people expect the services to be.

So that is why we see FEMA in this role where people look to them or look to the Federal Government. I guess when you are looking to the Federal Government, you are looking to FEMA in this whole concept that we were talking about of a coherent policy where all the different levels are talking and communicating with one another. Again, we think that we have got to get money down into the local communities through grants or whatever so that the

planning can happen. Because if not 5 years from now, we will be talking about who knows what disaster and saying, didn't we learn from the lessons.

Ms. NORTON. Well, Mr. Manning, I just want to alert you that one of the worst confusions to emerge from Katrina was who was responsible for doing what. Now it strikes me—and Mr. Shriver talks about working with the city council. It strikes me that a lot of this provisional transportation, Mr. Vaughn raises sheltering services. You know, FEMA is not supposed to fly in like Superman and set this up. I recognize you are new, but it does seem to us when we are talking about elderly people and children that FEMA stressed that what we are talking about, is not the case, mostly State responsibilities.

Again, here goes the Chairman, a lot of this is written in regulations and the rest. But if it was so clear, how come it took us time to find out who should have gotten people on trains and buses out of New Orleans? It turned out to be a State responsibility. Because there was confusion, FEMA wasn't sure what to do, whether they were overriding the Governor or the mayor. It was pitiful, frankly. My own notion was, you know what, if they don't do it, jump in there. Guess what, that is what happened. Finally they sent the Coast Guard in and said, all hands on deck, but that was after considerable confusion. Now Mr. Vaughn, you raised the notion of a regional disability coordinator. Now there is, I take it, Mr. Manning, one disability coordinator? Boy, is that all we have got for the entire country, no regional coordinators? What do you think about that, Mr. Manning? Do we need somebody whose job—I am not suggesting the proliferation of new jobs in the Federal Government. But is there somebody who could take on that responsibility in the region? Or do you think the disability coordinator recently set up pursuant to statute is sufficient for the moment?

Mr. MANNING. Madam Chair, first, we are examining how the regions are structured and what responsibilities devolve from Washington, from FEMA headquarters to the regions where the responsibilities lie and where the functions are best served. That examination is happening currently. But I should emphasize that as we have discussed today, the solution to this isn't necessarily additional functions or additional personnel or additional plans or additional initiatives set aside to address the gaps. The solution, we believe, is eliminating gaps. It is taking care of all the Members of our community, all the Members of our society from the beginning, and how we conceive of our policy in the first place, how we write our plans in the first place, how we do our operational development in the first place. We see that as the solution. So while yes, ma'am, we are looking at how we are structured in the regions and how we would best serve the disability community throughout the country, we are at the same time trying to eliminate the need for special consideration in our planning and in our policies.

Ms. NORTON. Well, thank you very much. Mr. Cao, do you have any further questions?

Mr. CAO. No, I don't, Madam Chair.

Ms. NORTON. Thank you, Mr. Cao. Mr. Shriver, you have focused on children. We have all discussed the context in which children and people with disabilities are found. Is the implication of your re-

port that there needs to be, quite apart from the disability coordinator, a separate focus on children or children and families?

Mr. SHRIVER. I think the answer to that, Madam Chair, is what Mr. Manning just alluded to, which is that instead of having an extra senior level person or two people in FEMA be designated as the kids person or the disabilities person or potentially both, that what needs to happen is it needs to permeate the organization. The plans that go forth, the frameworks that are proposed across it, but what we don't want is for kids to be an addendum because I have talked to countless emergency managers across the country, and they have these reports.

By the time they get through the reports or the plans, they are exhausted. They don't want to go to the addenda, and that is where kids and people with disabilities are often put, in the addendum. I think what Administrator Fugate has done and what Mr. Manning is talking about, which is the correct approach, is to get the special needs populations, including kids, to be written in throughout the plans and to be part of the entire agency so that you don't have a one-off for kids or one-off for people with disabilities. So I think that that approach is the right approach. I think the administrator deserves credit for that, and I do think, Madam Chair, just to your question on case management—I know this isn't exactly what you just asked—but I think it was strongly recommended that case management reside within HHS, and Congress, in its wisdom, gave the appropriations to FEMA to spearhead it. I would suggest that FEMA should not be in the business of delivering or being held responsible for case management. They are part of a team but that it really ought to go to the folks that have the experience, like the Administration for Children and Families that contracts with Catholic Charities. It is delivered by a nonprofit, but that that responsibility ought to be primarily with HHS instead of with FEMA, who has other mandates out there.

I think Congress, frankly, made a mistake in shifting that responsibility. I don't know whether FEMA agrees with that at this point but I think that they are part of that role, and they don't have the expertise to be case managers. We ought to be giving it to an entity in the Federal Government that has the expertise, that focuses in on this, and have FEMA be part of that team rather than be the entity that makes those decisions. The horse may be out of the barn on that one.

Ms. NORTON. There is something to what you are saying, Mr. Shriver. Out of FEMA, there are now certain housing functions that were so embedded in HUD that essentially HUD is responsible for them, but I can tell you that this Congress, if anything, out of FEMA consolidated all of it in the Department of Homeland Security, and it runs somewhat counter to your notion of trying to deal with these problems in case management to say that there is another whole Federal bureaucracy that needs to come over into FEMA. The question of priority when you are really a part of something else, not ongoing emergency management as opposed to saying you are part of a case management team because otherwise, we are going to be told that people with disabilities, we should hand that over to somebody I guess in HHS and people who deal with

nursing homes, given what happened to the people who were left there, we should give that over to them.

We are going to, I think, go with a regional recommendation which is, we still do not see why a Federal Government laced together where people have relations across agency lines need only go across the street to find one another, why you can't—and the agencies cannot, by statute, be instructed that in case of emergency, HHS, HUD, whoever else shall provide services and/or personnel who shall be part of case management which must be rendered someplace. If it is going to be rendered under somebody, it ought to be somebody who is expert in emergency management as somebody in the day care department of HHS may not be or somebody who does nursing homes may not be in terms of alacrity and rapidity of response.

Ms. NORTON. FEMA has got to convince me that it must be dismembered in order for us to get people under the same umbrella, working on the same group of people. I still cannot understand why a simple decision in FEMA, why that was not done. I believe if FEMA had called the Secretaries of the various agencies, it would have been done.

I detest government bureaucracy and love government and believe some of my colleagues want to take—we give them ammunition for wanting to take apart government precisely because we are not able to do commonsense things like get in the same room. So I can understand what Mr. Shriver means, and I know where the expertise lies, but I also know where the priority to deal with an emergency lies. And I know the next thing we would be criticized for doing is not rapidly responding from one source to one—to one emergency.

So, you know, it could be six of one and half a dozen of another, but I believe that Congress has made that decision.

We are going to leave this, Mr. Manning—I can tell you and you can see, people even want to take some of your service away. We are going to leave it to see if this administration can do better to serve under one umbrella all that people need.

And you are there for 4 months. Count on us to have hearings within 4 months to see just how far you have gotten in carrying out or outlining what you are going to do.

And I do want to announce—Mr. Riggen, did you have something to respond to that? You seemed to be asking for attention

Mr. RIGGEN. No, ma'am. I am just in solid agreement with the role. I want to express that the voluntary agencies have moved forward on the case management in unison; and in part of the voluntary agencies active in disaster, the national organization has come together to create standards around case management and casework, and that allows us to share the data and to work collaboratively.

So we are excited to see some progress towards the Federal case management, and hope that we ensure that they are both connected, that there is not a disparity between the voluntary agencies working and the government working, but they are connected and well integrated.

Ms. NORTON. If necessary, you know every Federal agency is located in regions, the same region where FEMA is. All you have got

to do—you wouldn't even have to detail. If it got bad enough, as in Katrina, you could detail somebody from another agency. I mean, these are such obvious things that is a presumption in their favor that the agency would have to overcome if it decided to do something else.

Mr. Cao.

Mr. CAO. Thank you so much, Madam Chair. And, Madam Chair, you just alluded to one of the problems that the President addressed during his visit to New Orleans this past week is the need for the different Federal agencies to be better coordinated. I note that he has tasked Secretary Napolitano on that task.

Mr. Manning, could you provide us with a status or at least provide us with a written status in the next 2 weeks with respect to how this plan to better organize and to better coordinate these different Federal agencies is coming along?

And my other question to you is, besides working with the different Federal agencies, do you have a plan in place in order to better coordinate organizations like that of Mr. Riggen, the Red Cross, as Madam Chair has pointed out to other nonprofit organizations, church organizations, to help in preparations and in recovery?

Mr. MANNING. Thank you, Congressman Cao. I will answer your second question first, in that I do believe we do have a plan in place, and whether it is adequately understood and followed is probably the question; that we need to do a better job about involving our communities and our partners as we develop our procedures, as we implement our plans, as we respond to disasters.

That is something we work on every day. We analyze our response to every exercise and every disaster and try to find where we didn't do well enough and do better the next time. And as we revise the national response framework next year, towards the end of this year and into next, we will certainly and absolutely involve everybody across the response spectrum, across the entire team of emergency management.

You have heard a number of times today, FEMA is not the team, it is part of the team. Our responsibility is one to bring people to the table, provide the tools and resources in order for them to perform their job where necessary, and where absolutely necessary, stand by and support of others.

So the initiatives working better together with the interagency, with all of our Federal partners, that is one that has improved greatly in recent years and certainly in recent months through the Disaster Readiness Group, the DRG, the body that works together for disaster preparedness.

And following up on your question—I am sorry, not your question—the question earlier about the integrated planning system, as we are revising that system, we are building a new planning system in consultation with the interagency. As opposed to FEMA or the Department of Homeland Security creating and developing and handing over a planning system for the entire Federal Government and our interagency partners to work together on, we are going to build that in collaboration in the beginning. So it will take into account the resource shortfalls of other agencies, and we can have true collaboration between Federal departments in response to disasters like you have seen in your community.

Mr. CAO. Thank you, Madam Chair.

Ms. NORTON. One final question. I am taking a page out of Mr. Shriver's testimony as a kind of model that—and I need to know more about it, that he says is already in existence now.

Now, this has to do only with children, but as a model for getting together the disparate agencies, Mr. Shriver says on page 4 that the Administrator, Mr. Fugate, has announced, quote, ″the creation of a children's working group.″ There is a nice word, ″working group.″ If after every disaster you just had a working group of case management, you might have what we are thinking about.

Now, maybe we are being too simple, so correct me if I am wrong.

But anyway, let us look at what we have done with this children's working group. It says, ″which will serve as a centralized platform across all FEMA directorates to ensure that the unique needs of children are incorporated into all disaster plans. The working group is tasked not only with identifying and facilitating how best to integrate children into all FEMA planning efforts, but also with improving FEMA's capacity to work collaboratively with its partners and other key nongovernmental stakeholders.″ So it looks like there would be this working group that already understood what to do with children.

The question is, can we have a working group in the disaster area which would simply pull in the same way that you appear to be doing with respect to thinking through children? Where is that? Does it have a chairman? Is it an internal group? How does it operate?

Could we get a working group for each disaster in Florida where there is a next hurricane? In Louisiana or Mississippi, would that help if each agency was designated—each agency was tasked to designate a person in the region, and they already are sitting right there to work with the working—the FEMA working group?

Mr. MANNING. Thank you, Madam Chair. I think the easy answer to the second half of your question is that I believe we have that in place through——

Ms. NORTON. Since when?

Mr. MANNING. The planning bodies we have had in place for a number of years that have not had the attention, not had the focus necessary, but have been——

Ms. NORTON. So you are telling me that there is a working group for case management in Louisiana, in each parish already?

Mr. MANNING. No, ma'am.

What—what I am suggesting is that there was a body—there is a body that has been in place that we have given that mission. The regional interagency steering committees, the risk groups in each one of the FEMA regions, that have designees, that have representatives from all of the Federal interagency bodies within the region, as has been mentioned earlier.

And we have been using them in Region 9, based in California, to do catastrophic disaster planning, to work closely with the community, because they live in the community and they are part of the community with another body. We pronounce all of our acronyms; the ESFs, the Emergency Support Function coordination groups, those are the elite agencies, and all of the Federal agencies

that are assigned to a particular function. So in the case of ESF 6 and the mass care, there are bodies both within the Federal interagency led by FEMA here in Washington working in coordination with counterparts in—in the case of California FEMA Region 9, the Federal Region 9, to do exactly as you described, to build——

Ms. NORTON. So in Region 9, where all the agencies are located just like they are in every region, there is already a case—if there were to be, in that case probably an earthquake, case managers would immediately be under the same umbrella and be working together based on this model?

Mr. MANNING. The planning is around the response, the holistic response to the earthquake. The functions of case management under ESF 6 are assigned to Health and Human Services. That is the way that disasters are managed. FEMA assigns mission tasks, mission orders, to Federal agencies to coordinate the response to a particular function.

In the case of——

Ms. NORTON. I am sorry. Is this preparedness or response or both?

Mr. MANNING. This is in response. We plan in preparedness and then use the plans in the response phase, yes, ma'am.

Ms. NORTON. So there would be case managers who would be pulled out in the event of an earthquake in California, are you saying? Or not?

I am really only interested in the people level. What we have heard from FEMA for 5 or 6 years now is that there are elements of their bureaucracy that are already pulled together to do X, Y. Then real people come in and say, We have never saw them before.

So I am asking about case management in particular. Mr. Shriver said that that was in disarray for children, and it turns out it was also in disarray for elderly people and anybody else who needed to be brought together.

What I am asking is whether Region 9 is going to give us the makings of a case management umbrella for people on the ground in case of an earthquake, and whether that could be replicated in other regions across the country.

Mr. MANNING. Madam Chair, I believe that that will be the case.

We have written—we are writing prescriptive assignments. We are identifying a particular task with a particular team to go and perform, in the case of case management, that function.

That—that initiative is happening here in Washington, not specific—that particular initiative, not specific to Region 9, but it is happening. So that wherever a disaster may occur, the Health and Human Services will—the Administration for family—for Children and Families will lead that mission and to the people, to the team, will deploy in the immediate hours of a disaster, yes, ma'am.

Ms. NORTON. Mr. Manning, I am encouraged by what you say. I urge you to use Region 9 where you appear to already have begun work as a kind of pilot.

I was a Federal Government official heading an agency at one time, and I found the agency in total and complete disarray. In putting it together, I did not say, Okay, I know what to do. And I thought I knew what to do; I had done something similar at the State level.

I said, Let's do this. I said, We will do pilot projects. We are not omniscient; we will see if this works in a particular location.

Since we are talking preparedness and not a disaster—of course, that would be—for example, if case managers were already understood to be who they were, where they would come from, if the agency had already designated people as case managers during the time, from the various agencies that would be involved, that is what I am talking about.

As a result of—we chose, in this case, three sections of the country, and the successes there and some of the deficiencies taught us what to do. We were able to essentially reform the agency from the ground up based on experimentation within the agency, learning from our mistakes.

And what I am afraid of is that we will be in a situation like FEMA was last year. There were ice storms, there were floods; so they had to kind of figure it out, all in a number of different emergencies at the same time.

FEMA did a better job. But we do really still get a seat-of-your-pants rather than a nimble emergency response from FEMA. And part of it is that preparedness is a whole lot more than, you know, making sure that there is water on the ground, is making sure that there are people on the ground prepared to serve people, as Mr. Riggen says.

One thing to look at is how would you get people door to door in an earthquake? Could you do it? As Mr. Riggen said, if you don't do it in the first week, forget about it; they are going to try to make their way to a shelter.

So we would like to see some kind of case in point in operation because of our exasperation from the community, from complaints from the community throughout the years on case management following Katrina.

We use these hearings as assignments and as problem-solving missions. We do not gather information at hearings. We can read the report. We use it to cross-examine the government officials, to hear further from those in the private and nongovernment sector, and then to try to figure out how to actually get something done. And we measure ourselves and the agency by which—by the notion of whether out of the hearing has come concrete action that, at the end of the year, we can point to. And that is why FEMA received so much criticism before, because we saw it, Mr. Manning. We hadn't accomplished very much, and we hadn't gotten FEMA to accomplish more.

We were very quick to commend FEMA for very significant improvement that was made and, frankly, not slow to criticize FEMA when people kept coming—from Mississippi and Louisiana, in particular—to complain particularly about case management.

We had one of the worst hearings in my career in the Congress regarding people who were left in trailers for the longest time and regarding the most vulnerable people under Katrina. These were the people who lived alone, who were disabled, who were able to care for themselves when they were elderly; and FEMA told them their time was up. And they never had any place to go before and they didn't have any place to go then.

And then FEMA said, But we are providing you with a place and FEMA was providing them with a place. And we had HUD before. HUD said, That's right, FEMA's right; we have got the place.

And what was not in place was the case management, somebody who would take that person—not as a statistic, as somebody who is blind and lives alone and now is being told to go to some far-off county to live alone, but as somebody with a case manager who would have been willing to go to that adjoining county to live if set up with the proper case management.

That is complicated work, but we are convinced it can be done; and it is a standard that we know your administration is committed to.

May we thank each and every one of you for very useful testimony and we will hold all concerned, those from the private sector, accountable. And we know we have an administration that does want to improve in this regard.

This hearing is adjourned.

[Whereupon, at 4:31 p.m., the Subcommittee was adjourned.]

OPENING STATEMENT OF
THE HONORABLE RUSS CARNAHAN (MO-03)
HOUSE TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT

Hearing on
Looking Out for the Very Young, the Elderly, and Others with Special Needs: Lessons from Katrina and other Major Disasters

Tuesday, October 20, 2009
2167 Rayburn House Office Building

Chairwoman Norton and Ranking Member Diaz-Balart, thank you for holding this important hearing to look at plans and procedures in place that would provide aid to children, the disabled, and others with special needs in the event of a disaster.

The aftermath of the Hurricane Katrina exposed many problems with our preparedness to deal with a disaster of such magnitude. Unfortunately, it also highlighted a great deal more must be done to meet the needs of children, disabled and others with special needs in disasters.

Hurricane Katrina made very clear; our disaster planning cannot simply focus on the needs of the general population but instead we must have a more holistic approach incorporating the needs of children, disabled, and those with special needs. I look forward to hearing about steps that have been taken in the aftermath of Hurricane Katrina to ensure these populations are taken into consideration in disaster planning and response procedures.

After Hurricane Katrina it took far too long for children to be reunited with their families and for schools to reopen in New Orleans. I look forward to hearing more about the recommendations of the National Commission in Children and Disasters to ensure in the future the needs of children are properly addressed when responding to disasters.

In closing, I want to thank our witnesses for joining us today.

Eleanor Holmes Norton

STATEMENT OF
THE HONORABLE ELEANOR HOLMES NORTON
CHAIR, SUBCOMMITTEE ON ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS AND EMERGENCY MANAGEMENT
HOUSE TRANSPORTATION AND INFRASTRUCTURE COMMITTEE

Looking Out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and other Major Disasters

October 20, 2009

On September 7, 2007, Representative Corrine Brown introduced H.R. 3495, the "Kids in Disasters Well-being, Safety, and Health Act of 2007," a bill I was pleased to co-sponsor. Provisions of H.R. 3495 were later incorporated into H.R. 2764, the Consolidated Appropriations Act of 2008, which became Public Law No. 110-161 on December 26, 2007. H.R. 3495 created the National Commission on Children and Disasters to conduct a comprehensive study examining and assessing the needs of children as they relate to recovery, preparation and response for all hazards, including catastrophes, disasters and emergencies.

Hurricane Katrina exposed many problems concerning the nation's ability to meet the needs of children during disasters. About one-quarter of the people who lived in areas damaged or flooded by Hurricane Katrina were under age 18. More than 400,000 children under the age of five lived in or were evacuated from counties and parishes that were declared disaster areas by the Federal Emergency Management Agency (FEMA) as a result of Hurricane Katrina. The vulnerability of kids presented many unique issues. For example, 5,192 children were reported missing or displaced by the National Center for Missing and Exploited Children as a result of Hurricanes Katrina and Rita, and it took 6½ months to reunite the last child separated from her family. In addition, 1,100 schools were closed immediately following Hurricane Katrina. These statistics reveal the importance of examining the special needs of children in disasters. A specific focus on children, therefore, is justifiably the Commission's special concern.

Although we took a proactive role in directing the creation of a commission concerning the well-being, safety and health of children in disasters, we had previously recognized the importance of ensuring that FEMA addresses the needs of all vulnerable populations caught in disasters. FEMA is responsible for encouraging local and state governments to plan for evacuations of special needs populations. Our Post-Katrina Emergency Management Reform

Act of 2006 (P.L. 109-295) required FEMA to appoint a Disability Coordinator to ensure that the needs of individuals with disabilities are properly addressed in a disaster.

The special needs population must also include hospital and nursing home patients who may not be able to move quickly because of their health. The worst example during hurricane Katrina involved 34 people who died in a nursing home waiting for help for days in the heat of August, without power, air-conditioning, sanitation, or running water, at temperatures in the building approaching 110 degrees. Some of the elderly in New Orleans simply drowned when they were left behind. The New York Times reported on the work of Dr. Anna Pou, a physician in the middle of Hurricane Katrina who was forced to make several difficult decisions in the absence of clear standards of care for very sick patients trapped in her hospital. Since Hurricane Katrina, Dr. Pou has been a leading proponent for changing the law and establishing a standard of care in the event of a disaster or pandemic. Persons with disabilities are the third-largest minority group in the United States, numbering over 32 million. If people with impairments are included, that number increases to over 51 million. In addition, there are approximately 5 million disabled children and youths under the age of 18.

After Hurricane Katrina, Congress recognized that the disabled must receive special, focused attention. Now FEMA must use the *National Commission on Children and Disasters Final Interim Report* to think critically and objectively about guidance to state and local jurisdictions on the care of children in a disaster. Children and other vulnerable populations have unique needs that demand focused action plans that ensure the same survival for them in disaster as other Americans.

Several of our witnesses today have stories to share that will remind us of what is at stake for children and citizens with disabilities, and why there must be no more delay in building a comprehensive plan in addressing the needs of our children and other vulnerable populations in a disaster.

I welcome today's witnesses and look forward to their testimony.

STATEMENT OF
THE HONORABLE JAMES L. OBERSTAR
COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS, AND EMERGENCY MANAGEMENT
HEARING ON "LOOKING OUT FOR THE VERY YOUNG, THE ELDERLY, AND OTHERS WITH SPECIAL NEEDS: LESSONS FROM KATRINA AND OTHER MAJOR DISASTERS"
OCTOBER 20, 2009

I am pleased that the Subcommittee is holding this hearing on examining the needs of children and other persons with special needs in preparing for, responding to, and recovering from emergencies and disasters. I commend Chairwoman Norton for her leadership in examining this important issue.

Approximately one-fourth of the residents of areas damaged or flooded by Hurricane Katrina were under the age of 18. More than 400,000 children under the age of five lived in, or were evacuated from, counties or parishes declared as disaster areas by the Federal Emergency Management Agency (FEMA).

Hurricane Katrina exposed sobering vulnerabilities in our nation's ability to meet the needs of children during disasters. As a result of Hurricane Katrina, 5,192 children were reported missing or displaced to the National Center for Missing and Exploited Children. Astonishingly, it took over six months to reunite the last child separated from her family. The impact of this prolonged separation on a child,

compounded by the other hardships related to dealing with a tragedy, is indeed profound.

In addition, 1,100 schools were closed immediately following Hurricane Katrina. Today, more than two years later, only 45 percent of New Orleans schools have reopened.

In October of 2007, under the leadership of both Chairwoman Norton, and Chairwoman Corinne Brown, the Committee on Transportation and Infrastructure passed H.R. 3495, which set up a Commission specifically to examine all issues associated with the welfare of children before and during a disaster. I am eager to hear from Mark Shriver who is, and has been, so instrumental in focusing attention on the needs of children, and to hear his thoughts on the recommendations from the Commission's report.

The American Red Cross and the National Council on Disability are uniquely placed to identify and address needs of persons with disabilities, and especially how these citizens fare in a disaster situation.

This topic deserves our attention and I thank you all again for appearing before the Subcommittee.

STATEMENT OF

HONORABLE TIMOTHY W. MANNING
DEPUTY ADMINISTRATOR FOR NATIONAL PREPAREDNESS
FEDERAL EMERGENCY MANAGEMENT AGENCY
U. S. DEPARTMENT OF HOMELAND SECURITY

BEFORE THE

SUBCOMMITTEE ON ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS
AND EMERGENCY MANAGEMENT
COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE

U. S. HOUSE OF REPRESENTATIVES

"Looking Out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and other Major Disasters "

Tuesday, October 20, 2009

Introduction

Good morning Chairwoman Norton, Ranking Member Diaz-Balart and other distinguished members of the Subcommittee. It is a privilege to appear before you today on behalf of FEMA and the Department of Homeland Security, and I appreciate your interest in and continued support of the emergency management community.

I am delighted to appear here today with the Red Cross, the National Council on Disability and the National Commission on Children and Disasters. We have been working hand-in-hand with each of these organizations to ensure that the needs of children, the elderly, and children and adults with special needs or disabilities are met in times of disaster. We believe that the needs of these, our nation's most vulnerable citizens, must be a central focus of our planning, response and recovery in the event of an emergency.

Historically, the U.S. has approached disaster planning by focusing heavily on the needs of what many refer to as the general population, and has not devoted sufficient planning to those who may have special needs and thus require special, specific and immediate attention in a crisis.

Madam Chairwoman, FEMA is changing this paradigm. We believe that children, the elderly, persons with disabilities and other special needs populations must be more fully and consistently integrated into preparedness and planning efforts at every level of government. We must avoid putting planning considerations specific to those with special needs in a separate box, and build instead disaster response and recovery plans that account for the fact those with special needs comprise a significant percentage of the population. One of our top goals is to institutionalize this approach within our Agency.

I am very pleased to report to you that FEMA established a Children's Working Group in August 2009. This group serves as the Agency's primary advocate for children, is responsible for ensuring that children's needs are incorporated into all disaster preparedness, response, and recovery efforts, and coordinates the delivery of resources necessary to meet the needs of children in times of disaster. The group is chaired by a senior member of the Department's leadership team, and its members represent virtually all sectors of FEMA.

This working group is also responsible for evaluating (and implementing where appropriate) recommendations of the National Commission on Children and Disasters, as well as coordinating with other federal agencies and other non-governmental organizations in support of the Commission's efforts.

Specifically, the Children's Working Group is focused on the following key areas:

- Child-specific guidance for evacuation, sheltering, and relocation;
- Disaster related needs of children with disabilities;
- Tracking and reunification of families;
- Coordinated case management support;
- Enhanced preparedness for child care centers and schools as well as for children in child welfare and juvenile justice systems;

- Enhanced national planning, including incorporation of children into national planning scenarios and exercises;
- Incorporation of children's needs into grant guidance;
- Improved recovery coordination across the federal government and with state, tribal and local partners in support of children's education, health and housing;
- Consideration as to how the federal government can help ensure child care centers are able to rebuild and restore services more quickly following a disaster; and
- Increased public awareness efforts to educate families and protect children during disasters.

This Working Group represents a new way of tackling and focusing on this issue, aimed at integrating planning for children's needs throughout our agency, and coordinating among the federal government and the nation more broadly. FEMA is optimistic that this approach will create real, lasting change when it comes to our planning for, and treatment of, children's needs during disasters.

FEMA's Partnership With the National Commission on Children and Disasters

In December 2007, Congress created a bipartisan National Commission on Children and Disasters (the "Commission") to assess the needs of children as they relate to disaster preparedness, response, and recovery. The Commission has evaluated existing laws, regulations, policies, and programs that affect children in disaster situations, and submitted an interim report to the President and Congress on Oct. 13, 2009. A final report is expected in 2010. Mr. Mark Shriver, Managing Director for the internationally recognized non-profit organization Save the Children, serves as chair of the Commission and has also served on FEMA's National Advisory Council since 2007. FEMA has been meeting with the Commission regularly and looks forward to working with both the Committee and Congress in implementing the Commission's recommendations. In part to proactively support these efforts, FEMA established the Children's Working Group, allowing us to address the Commission's recommendations in a proactive manner.

In addition to its work on the Commission, Save the Children issued a report in July 2009, calling for immediate federal action to better protect our communities' children in times of disaster. The report makes several recommendations, including the establishment of an Office for Children's Advocacy at FEMA. It was also in response to this report that we established the Children's Working Group.

Efforts to Address Special Needs in Disaster Planning

FEMA has built a strong network of both public and private organizations that will help unify and strengthen our combined capabilities for special needs disaster planning. For instance, FEMA has worked with the National Center for Missing and Exploited Children to establish the National Emergency Child Locator Center. This Center, which was required as part of the Post Katrina Emergency Management Reform Act of 2006, helps local and tribal governments and law enforcement agencies track and locate children who have become separated from their parents or guardians as a result of a Presidentially declared emergency or major disaster. The

Center is operated out of the National Center for Missing and Exploited Children's facilities, with support from FEMA.

FEMA is working hard to ensure that its own basic planning addresses special needs populations and that we are supporting and assisting states, Tribes and localities in this regard. We are also reinforcing the critical and enduring need for personal preparedness, to encourage individuals and families to adequately prepare themselves for disaster events, recognizing that better individual preparedness translates into better community preparedness and resilience. Secretary Napolitano, Administrator Fugate and I have all repeatedly emphasized the importance of personal preparedness at every opportunity since taking office. We will continue to remind the American public that having an emergency family plan and checking on your neighbors curing a disaster can save countless lives, and free up critical resources to allow federal, state and local first responders to focus their efforts on those with special needs.

FEMA is directly engaged in activities that will address other special needs populations, including the elderly. In coordination with FEMA's offices of External Affairs and Equal Rights, DHS Office for Civil Rights and Civil Liberties, and the National Advisory Council, as well as state, tribal, and local disability, aging, and special need agencies, the FEMA's Senior Advisor on Disability Issues and FEMA's Disability Coordinator are building a viable network to ensure that the needs of children and adults with disabilities and of seniors are addressed during and following disasters. For example, FEMA:

- Collaborates with local disability and other special needs agencies in the field before and during all disasters, ensuring that the agencies are communicating with first responders, shelter managers, and impacted special needs populations to identify and address any gaps;
- Will be developing training and resources for emergency managers on how to accommodate people with disabilities and other special needs in evacuation and sheltering plans;
- Collaborates with federal and state exercise planners to ensure that the exercises include evacuation and sheltering methods for people with different types of disabilities, the frail elderly living in communities and other special needs and engage persons with disabilities and other special needs as participants in the development and execution of exercises;
- Will be developing disability and special needs subject matter teams to work with states during a disaster in order to ensure accommodation for the elderly, people with disabilities and other special needs populations.

Training development and delivery of course curricula that focus on the needs of children, other special needs populations and citizen preparedness have been and will continue to be FEMA priorities. The Department has supported the development of a variety of course curricula that is currently available and being delivered through FEMA's Emergency Management Institute and several of our training partners.

Conclusion

FEMA and the Department of Homeland Security are committed to advancing our nation's preparedness by emphasizing the disaster needs of our nation's most vulnerable citizens. Our efforts must begin with personal preparedness – a process of individual thinking and consideration of basic steps that each of us, and our families, must take to help prevent and prepare for the next disaster. We must focus on community preparedness, rather than merely just creating plans and guidance. Every citizen has a role to play in community preparedness.

In times of crisis, government plays a critical role in coordinating response and recovery efforts, especially in protecting and providing for the most vulnerable members of our population. Members of our communities with special needs cannot simply fall to secondary planning considerations, but must be one of the central foci of our planning, response and recovery.

While we have made significant strides toward this goal, we believe that even greater progress is within reach, thanks to valuable input from our partners and stakeholders, and the continued support of this Committee and Congress.

Thank you, Madam Chairwoman and members of the Committee, for allowing me to testify today. I am happy to answer any questions you may have.

Question#:	1
Topic:	NRF
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Submitted by FEMA – Department of Homeland Security

Question: Two years ago, in your previous capacity as a state official, you testified in a hearing on the development of the National Response Framework. When the FY 2010 DHS Appropriations Act is signed, FEMA will have 120 days to report on changes the National Response Framework related to the Principal Federal Official. Do you believe lessons learned from the two reports we heard about today should be included in the revised framework?

Response: The Conference Report accompanying the Department of Homeland Security Appropriations Act, 2010, directs the Department to report on any action necessary to update planning and response documents and the organizational structure of operational emergency response teams. Lessons learned from the two reports in questions as well as other reports will be incorporated into this effort, and stakeholders and partners, including the National Commission on Children and Disasters and the National Council on Disability, will be invited to participate.

Question#:	2
Topic:	IAP
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: In his written statement, Mr. John Vaughn expressed a concern that FEMA's Individual Assistance Program (Other Needs Assistance) needs to address assistive needs devices and durable medical equipment. Are these devices and medical equipment eligible under the other needs program or any other disaster program? Can you explain how FEMA determines what is eligible under the medical portions of the other needs program?

Response: Section 408(e) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, gives FEMA the authority to provide "Financial Assistance To Address Other Needs," specifically "Medical, dental, and funeral expenses…" (Section 408(e)(1)).

Eligible costs under financial assistance to address other needs can be found in the Code of Federal Regulations, Title 44: Emergency Management and Assistance, PART 206—FEDERAL DISASTER ASSISTANCE, Subpart D—Federal Assistance to Individuals and Households. Specifically, financial assistance to address other needs (44 CFR §206.119(c)(3)) provides for medical expenses, which may include assistance for medical items or services that are required to meet the disaster-related necessary expenses and serious needs of the individuals and households. This may include assistive needs devices and durable medical equipment. FEMA may award for expenses to replace, repair or obtain medical or dental equipment (e.g. wheelchair, eyeglasses, etc.). FEMA does not define specific items that are eligible under medical, as FEMA awards assistance based on individual or household needs.

FEMA cannot duplicate assistance that the individual may have received from another source, to include medical insurance.

Question#:	3
Topic:	children
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: Are child care centers eligible under FEMA's Public Assistance program after a disaster?

If so what does this program cover?

What is the status of the rulemaking to clarify the eligibility of child care centers for disaster assistance, which the Committee encouraged FEMA to promulgate in the report on the legislation that created the National Commission on Children and Disasters in 2007?

Who is on the Children's Working Group?

Who is the Chair of this group?

Response: Yes, public and private non-profit (PNP) child care centers are eligible to apply to FEMA for assistance under the Public Assistance Program. PNP child care centers must apply first to the Small Business Administration (SBA) for permanent repairs [Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Section 406(a)(3)]. If they are declined for a loan from SBA, they may apply to FEMA for assistance with permanent repairs under Public Assistance. Additionally, if SBA grants assistance to a PNP childcare center, but the loan is not enough to cover repairs or restoration of the facility, the PNP may apply to FEMA for the additional assistance needed.

The Notice of Proposed Rulemaking that includes the clarification on child care centers is currently under development. In the meantime, the eligibility of child care facilities for assistance under the Public Assistance Program has been clarified in a memo from the Assistant Administrator for Disaster Assistance to the Chair of the Children's Working Group.

The Children's Working Group is chaired by a senior member of the Department's leadership team, and comprised of a Lead Coordinator and representatives from virtually all sectors of FEMA. Members of the Children's Working Group include representatives from the:

- Office of the Administrator;
- Grants Management Directorate;

Question#:	3
Topic:	children
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

- National Preparedness Directorate;
- Disaster Assistance Directorate;
- Disaster Operations Directorate;
- Office of External Affairs;
- Office of Policy and Program Analysis,
- Disability Advisor to the Administrator;
- Regional Operations;
- Regional Representation;
- Office of Chief Counsel;
- United States Fire Administration;
- Logistics Management Directorate;
- Mitigation Directorate;
- Center for Faith Based and Community Initiatives and Neighborhood Partnerships;
- Department of Homeland Security; Office of Health Affairs; and
- FEMA representatives serving on the National Commission on Children Disasters; Evacuation, Transportation, and Housing Subcommittee and Human Services Recovery Subcommittee.

Tracy Wareing, Counselor to Secretary Napolitano, is the Chair of the Children's Working Group.

Question#:	4
Topic:	numbers
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: Please report to the Subcommittee the number of people are still listed in case management from Katrina on the Gulf Coast.

Response: Authorized by Section 426 of the Stafford Act, the Disaster Case Management Pilot program (DCM-P) provides disaster case management assistance to clients of Hurricanes Katrina and Rita housed in FEMA-provided temporary housing units, those who vacated FEMA temporary housing units and were authorized to stay in a hotel due to health concerns, and those requiring continued case management service from the Cora Brown-funded Case Management Program. The States of Louisiana and Mississippi received pilot program funding.

- Mississippi DCM-P: The Mississippi Commission for Volunteer Services (MCVS) was granted up to $31,238,682 to provide disaster case management services to clients impacted by Hurricanes Katrina and Rita, which are residing in Mississippi, through March 31, 2010. A total of $25,529,834 has been obligated to date. Lutheran Episcopal Services to Mississippi was chosen to manage the program. To date, the State has opened 3,564 cases, of which, 2,558 cases have been closed. Therefore, there are 1,006 cases still open.

- Louisiana DCM-P: On June 23, 2009, the Louisiana Recovery Authority was granted up to $9,416,476 to provide disaster case management services to 3,309 households impacted by Hurricanes Katrina and Rita, through March 31, 2010. Greater New Orleans Disaster Recovery Program (GNODRP) has been chosen as the management group for the program. Program service delivery was initiated on September 16, 2009. To date, the State has opened 1,434 cases with no cases closed.

Question#:	5
Topic:	agreement
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: Can you please outline how the interagency agreement with HHS is and will operate in the event of disaster so services are not scattered throughout.

Response:

Current Activity

- FEMA Disaster Case Management program staff have developed a pre-scripted Mission Assignment (PSMA) for the initial implementation of Disaster Case Management (DCM) services. The PSMA will provide funding to the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) for the rapid deployment of the National Disaster Case Management Response Team (NDCMRT) and Regional Disaster Case Management Response Team (RDCMRT) to a disaster impacted area. The response teams will work to assess the needs of applicants and rapidly refer clients to existing social services, healthcare and mental health providers to meet disaster caused needs that may adversely impact an individual's recovery if not addressed within 72 hours of FEMA approval. The approximate duration of ACF's implementation of services will be less than six months.

- FEMA, in close collaboration with ACF, is drafting an interagency agreement to support DCM services for future Presidentially-declared disasters for Individual Assistance. The interagency agreement details the deployment of a two-phase program consisting of ACF's model of rapid deployment with immediate assistance to applicants (Phase I) and the transition to a State-managed DCM model (Phase II) to assist applicants with long-term unmet disaster needs.

Program Description

The federally funded DCM Program is a two-phased plan combining previously tested pilot programs from a U.S. Department of Health and Human Services' Administration for Children and Families (ACF) model and a State-administered model.

Question#:	5
Topic:	agreement
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

- The State may apply, through the Governor's Request for Federal Assistance, to establish both phases of the DCM Program in a Presidentially-declared disaster for Individual Assistance.

- A coordination call will be held between FEMA Headquarters, the State, ACF and the FEMA Regional Office to discuss initiation of DCM.

- A Letter of Intent must be sent from the State to the Disaster Assistance Directorate (DAD) Assistant Administrator. Signature by the DAD Assistant Administrator will initiate launch of the Phase I DCM Program by ACF.

- During Phase I, DCM staff will initiate disaster case management services to clients in the impacted area within 72 hours of FEMA's approval for deployment.

- Phase I will be managed by ACF and may last up to 180 days depending on the State's capacity to initiate Phase II. An opportunity to extend beyond the 180 days will require FEMA approval.

- Within 60 days from the date of declaration, the State must submit a proposal to FEMA for continuation of a DCM Program as a FEMA grant-funded program, administered by the State.

- FEMA will review the State's proposal and provide a program determination within 45 days of receipt of the proposal. FEMA approval of the State's proposal will initiate launch of Phase II DCM which is a grant program administered by the State.

- As Phase I nears completion, ACF, in coordination with FEMA, will work with the State to transfer entire cases to the State DCM program.

Question#:	6
Topic:	rulemaking
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: As far as rule-making, please provide the Subcommittee with specifics of new procedures in place to designate other entities that would be useful to the government and the community in the event of a disaster.

Response: Per the DHS Executive Secretary, question withdrawn by Committee, no answer required.

Question#:	7
Topic:	planning
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: Planning seems to be the key to successful mitigation and recovery. How would you assess the planning process today? What recommendation would you make for that process?

Response: Planning is essential to disaster mitigation and recovery. FEMA's planning process has played an integral role in responding to and recovering from past disasters and we will continue to rely on this vital tool. To ensure FEMA's planning process remains sufficient, FEMA will continue to review practices, assess needs, and improve its planning function.

Question#:	9
Topic:	mitigation
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: What change, if any, would you recommend for the Stafford Act to help the agency be more nimble and effective in its response to persons with special needs?

Response: When FEMA Administrator Craig Fugate came on board in May, 2009, one of his early priorities was to address an ongoing shortfall in FEMA's efforts to improve how it meets the needs of children and adults with disabilities and it's Congressionally-mandated responsibilities. FEMA brought on board a Senior Advisor for Disability Issues on June 29, 2009. The Advisor to the FEMA Administrator has assumed full responsibility for disability coordination and has been actively engaged across all of FEMA's Directorates.

The Advisor has been charged with reviewing all current efforts associated with meeting the needs of children and adults with disabilities and making recommendations for expanding our nation's capacity to prepare for, protect against, respond to, recover from and mitigate all hazards. Some examples of efforts the Advisor is currently providing senior leadership in include:

Children's Working Group
Pandemic Response Team
National Disaster Housing Task Force
ESF #14 National Work Group
National Disaster Recovery Framework Task Force
National Level Exercise (NLE)10 and NLE 11 Planning Group
Functional Needs Support Services Guidance to States Work Group
Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities
Emergency Alerts
Broadband Initiative
Final review of Community Preparedness Guide 301 & 302
Resource Kit Working Group with the FEMA Regional Coordinators
And, the Advisor has actively built FEMA's capacity for Constituent Outreach and is currently reaching over 300 groups in all 50 states.

Question#:	9
Topic:	mitigation
Hearing:	Children, Elderly and Special Needs Disaster Assistance
Primary:	The Honorable Eleanor Holmes Norton
Committee:	TRANSPORTATION (HOUSE)

Question: How can mitigation be used to reduce risks to those persons with special needs?

Response: Integrating the emergency management needs of children and adults with disabilities across all aspects of our mission-driven work is an important focus at FEMA. Mitigation can create safer communities, enable individuals to recover more rapidly from disasters; and lessen the financial impact of disasters on the Nation. One way to facilitate this is to identify the integration of the needs of children and adults with disabilities as a priority in pre-hazard mitigation efforts. Another is to utilize Universal Design Standards.

American Red Cross

Embargoed until delivery
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2:00 p.m. (EDT)

For more information, contact:
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STATEMENT OF TREVOR RIGGEN
SENIOR DIRECTOR, DISASTER SERVICES
AMERICAN RED CROSS

BEFORE THE COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
Subcommittee on Economic Development, Public Buildings and Emergency Management

U.S. HOUSE OF REPRESENTATIVES

Chairwoman Norton, Ranking Member Diaz-Balart and distinguished Members of the Subcommittee, I am pleased to offer testimony today regarding providing services after a disaster to those individuals most vulnerable in our nation.

My name is Trevor Riggen, and I lead domestic service delivery for the American Red Cross Disaster Services. The issue we are discussing today, "Looking Out for the Very Young, the Elderly and Others with Specials Needs: Lessons from Katrina and Other Major Disasters," is of utmost importance to the Red Cross and to the country. Today I will focus my testimony on the lessons we have learned, the changes we have put into practice, and future plans for better serving these vulnerable populations in disasters of all sizes.

For more than 125 years, the American Red Cross has provided relief to victims of disaster and helped people prevent, prepare for, and respond to emergencies. Each day we meet our mission in communities across the nation through a chapter network, responding to more than 70,000 disasters annually. From single family house fires to large scale national disasters like hurricanes, wildfires, and tornadoes, the Red Cross provides essential life saving and sustaining services. In addition, the Red Cross collects and distributes nearly half of the nation's blood supply. To provide these services, we rely heavily on the generous contributions of the public – including donations of time, money and blood.

Meeting the Needs of the Most Vulnerable

When disaster strikes, the American Red Cross provides shelter, food, critical resources, and physical and emotional care. Our first priority during any disaster is to ensure that those affected have a safe place to stay, food and basic necessities. How our organization - and the sector as a whole - meets

these challenges can go a long way toward ensuring a more effective and inclusive relief effort to benefit those in need.

Despite the many positive changes since Hurricane Katrina, a very specific challenge remains for both responders and planners: how to prepare for the likely post-disaster needs of those who are most vulnerable, and how to provide the best environment for physical and emotional care after a disaster. Over time, the term "special needs" has become a catch-all for any person who may need additional services beyond the "average" survivor. As a result, disaster plans have become a lengthy list of appendices in an attempt to capture the multitude of possibilities and needs created by disasters. However, in most cases we have not fixed the problem, but have only succeeded in further isolating those in need. Our communities – small and large, urban and rural – are comprised of a wide diversity of age, color, culture, and needs. The assumption that the majority of persons fit in the "average" or "one size fits all" category has proven to be false, and plans to meet the needs of the entire community in times of disaster must change accordingly.

Therefore, to best meet a community's needs, the American Red Cross is proposing that we become more attuned to the complex issues that surface in a disaster environment. The ability of a disaster survivor to prepare for, respond to, and recover from a disaster depends on a variety of factors that often are beyond the individual's immediate control. The demands are quite different from those that influence a person's day-to-day abilities to function in a non-disaster environment. The severity of the event, the timeliness of the warning, the person's health status, and his or her access to economic and other resources are some of the factors that significantly influence response and recovery capacity. Survivors who are home or community-bound, socially isolated, or have unique physical and mental health needs further aggravated by the disaster, may be compromised in their ability to prepare, react and recover from disasters.

Children also have unique and specific needs following a disaster. When pulled from their homes, placed in an unfamiliar environment, and frightened by an unknown future, a child's recovery requires a different kind of care and comfort.

Everyone, including those most vulnerable, must share in the responsibility to prepare for and respond to disasters (if they are able). However, others in the community also have a responsibility to ensure that services to those in need are provided in a manner and scale that enables them to respond to and recover from a disaster. Emergency managers, health-care providers, emergency responders, local public and private agencies, and the American Red Cross must be dedicated to the health and well-being of our entire community.

Current Efforts: Serving the Entire Community

The Red Cross remains committed to ensuring that disaster-caused needs of all individuals are met before, during and after disasters. The needs of those most commonly overlooked in disaster planning - people with disabilities, children, and the frail elderly - are of particular concern. Several initiatives are under way in each area of service delivery to meet these needs, and we are working closely with partners to initiate new efforts, as well.

Access to Services

A common misunderstanding in today's emergency management community is that many elderly or people with disabilities would not "qualify" to stay in or be served by a traditional Red Cross shelter

due to reliance on assistive devices, and/or on support personnel. In turn, many state and local governments have struggled to develop "special needs" shelters around vague and varying definitions. Experience has shown that there is no "one size fits all" approach. Needs are often defined by the environment and the availability of family members, friends or health care personnel to provide assistance or special care for tasks that the individual cannot perform alone. Disabilities may manifest as physical, sensory, cognitive, behavioral, mental health and/or chronic conditions. In many cases, the disaster environment itself can aggravate mental and physical health conditions that are not present day to day. Clearly, the term "special needs" is not specific enough, nor is it even consistently defined. In short, different disabilities create different needs.

While the Red Cross is diligent in working to ensure that all shelter facilities comply with Americans with Disabilities Act accessibility standards, these facilities are typically public buildings that are not under our control until after a disaster strikes. We inspect shelters before a disaster strikes, and have a comprehensive inventory, but we typically cannot make modifications to the facility until immediately after we gain access. In order to ensure that the greatest number of people possible can be accommodated in the shelter, one of our initial tasks is to make all reasonable modifications to ensure access (e.g. installing temporary ramps, acquiring accessible toilets and showers, etc.). The Red Cross has also procured and stockpiled additional supplies to meet the most critical of sheltering needs. This includes items such as wheelchair transferable cots (taller and stronger) and commode chairs. We have also added additional training and awareness courses to assist sheltering volunteers in their efforts to ensure that our shelters are resourced and managed appropriately.

The Red Cross is also working closely with FEMA and other disaster partners in the support of a newly developed Functional Needs Support program. This program, modeled on the Functional Assessment Service Team (FAST) concept developed in California, would provide immediate access to a caregiver workforce to supplement shelter staff as additional needs are presented. The concept of functional needs support has also taken root in Louisiana. There, a coalition of state government and non government entities, including Red Cross and elderly and disability groups, have developed a plan for recruiting, training, deploying and managing volunteer personal care assistants who will be assigned to individuals in general population shelters who need assistance with activities of daily living. These activities include eating, dressing, transferring from chair to cot or toilet and other basic activities. It is anticipated that the Louisiana plan will be ready for implementation for the next hurricane season.

Focus on Children

Emergency shelters place children and their families in an environment that may be quite different from their home environment. These facilities as they exist day to day may lack learning materials, toys, safe places to play and activities for children. When selecting shelter facilities and when laying out space within these facilities, the Red Cross carefully considers children's needs and looks to quickly supply these resources accordingly. The Red Cross strives to provide:

- designated space for family interaction in shelters that are free from outside media
- space for temporary child care that can be controlled and that is close to restrooms, drinking water, and hand washing
- distinct areas for families in dormitory/sleeping areas

We also work closely with valued partners like Church of the Brethren: Children's Disaster Services, Southern Baptist Disaster Relief, and Save the Children to provide a safe environment, high quality assistance to children and to provide temporary childcare in our shelters.

In 2007, the American Red Cross, Save the Children, and Church of the Brethren: Children's Disaster Services established a tri-lateral agreement to assist children in shelters. Under this agreement, the Red Cross sets up and staffs the shelter, but involves both of these partners immediately. Save the Children provides *Child Friendly Space* kits, which contain materials that can be used to establish a safe space for children within a shelter. These pre-packaged kits contain equipment to mark off a special area for children, activity supplies (such as art materials, books, games and toys), and other materials to assist children and families in a shelter environment. Church of the Brethren: Children's Disaster Services provide the personnel to run structured, supervised activities which are designed to strengthen children's resilience and help them begin to work through their emotions following a disaster.

This past year, Congress formed a Federal commission charged with improving resources for children in disasters. One specific area targeted by this group is sheltering and the care of children. The Red Cross, in partnership with various organizations and federal agencies, has worked with this commission to evaluate lessons learned from previous disasters and has developed a set of shelter indicators and standards focused on children for both preparedness and response. Additionally, the Red Cross and the Commission have jointly developed an approved shelter supply list that will assist planners and operators as they seek to have the optimum balance of cached resources and ready access during an event. These supplies include such critical items as cribs, blankets, diapers, and baby formula.

The Mass Care Committee of National Voluntary Organizations Active in Disaster (NVOAD), in conjunction with the National Commission on Children and Disasters, has adopted these new tools. It has recently revised the Mass Care Standards and Indicators to include these newly develop standards in support of children in the emergency shelter environment. These standards, developed in coordination with mass care practitioners from a wide range of organizations, are meant to encourage consistent practices among the voluntary agencies.

The initial results from these tools have been encouraging. Recent disaster relief efforts in Georgia have seen both a heightened awareness and more appropriate resourcing of needed supplies and expertise. And, while these programs are obviously targeted at the well-being of children, they are also especially helpful for the parents. With knowledge that their children are safe and cared for, parents can focus on their needs and their family's recovery. They have more of an opportunity to talk to Red Cross caseworkers, to gather important information to help them cope, and to address any individual needs with the knowledge that their children are safe.

Better Casework to Meet a Range of Needs

Over the past decade, response to major disasters has changed dramatically. FEMA and other Federal agencies have made substantial changes as a result of the Post- Katrina Emergency Management Reform Act; changes to the Stafford Act; the progression from the Federal Response Plan (FRP) to the National Response Plan (NRP); and to the National Response Framework (NRF). Similarly, the Red Cross is continually working to improve our processes and to identify ways to enhance service in a cost-effective manner.

One of the ways in which we address the needs of children, the elderly, and those with special needs is our Welfare Information program. Loved ones seeking individuals who are frail/elderly and/or who have significant health/mental health issues can turn to the Red Cross for assistance in locating the sought individual. This also allows us to make an assessment for Health or Mental Health needs, so that those services can be provided. Our Safe And Well website provides another avenue for direct family communication. While many clients access it directly, we also provide support to help those individuals that may have difficulty in using the website due to special needs such as the frail/elderly, the visually impaired, hearing impaired (addressed through use of TTY), and those with limited English proficiency.

Welfare Information coordinates with agencies such as the National Center for Missing and Exploited Children to reunite children who have been separated from family during disaster; it is one of our priorities.

Furthermore, in late 2008, we made key changes to our service delivery program. FEMA's provision of "Other Means Assistance," which includes emergency financial assistance, allowed the Red Cross to commit more resources to our core mission – sheltering, feeding and distributing emergency bulk items and supplies. After a thorough review of the current disaster environment, the Red Cross is now providing an increased focus on one-on-one casework, performing more detailed client needs assessments, and placing a greater emphasis on distributing supplies to meet emergency needs.

The emphasis on casework is designed to engage individuals and families in the tactical steps for early recovery. This includes access to resources, information about Federal and local assistance, and the immediate provision of food and shelter if needed. Overall, this has maximized collaboration with partners, reduced costs, and created a better volunteer and client experience. Additionally, these services provide access to client information early in the disaster. Through Red Cross casework and the Coordinated Assistance Network, our partners are able to access information about critical needs, cases flagged for additional assistance and comprehensive resource directories. For many, especially those unable to travel to or navigate the complex recovery system, this allows for immediate identification of the need for assistance for all participating agencies.

Two of the challenges in providing effective casework are access and identifying those in need. Often it is difficult for survivors to come to central locations—especially the vulnerable populations that are the subject of this hearing—and many times survivors are simply unaware of the types of assistance available. To address this, the Red Cross is increasing its use of outreach as one of the primary service delivery methods. Through outreach, Red Cross workers are able to meet with clients in their neighborhoods or homes. This offers an opportunity to assess damage to homes, share critical information with families and communities, and provide services on site. Through this process, caseworkers can also evaluate client physical and mental health needs. From this assessment, we will replace damaged or lost medically necessary equipment or medications, provide referrals for additional care, and highlight critical trends for our partners' service delivery. Caseworkers will also ensure access to on-site care and/or treatment with referrals to disaster health and mental health services for both physical and mental health needs.

Enhanced Services to Meet Critical Health and Mental Health Needs

When disaster strikes, the day-to-day balance of both physical and mental health can quickly become disrupted, especially in our vulnerable populations. Red Cross is committed to quickly determine the nature of those health needs and respond in-kind with care, resources, and referrals to enable clients

within our shelters to maintain their health and their dignity. To evaluate the accommodations that a person may need at a disaster shelter, all Red Cross shelter staff now use the *American Red Cross – Department of Health and Human Services Initial Intake and Assessment Tool.* The questions presented in this tool help the shelter worker determine if any member of the family is in need of additional support, supplies, or information to ensure that they can safely survive in a disaster shelter environment. This tool is also in use by our Federal government partners at the Department of Health and Human Services (HHS) who are deployed during an Incident of National Significance. To expand our capacity to meet client needs within our shelters and meet the challenges associated with providing for continuity of care, we recently signed a formal intent to better bridge partnering relationships with the Medical Reserve Corps.

The Red Cross currently has 5,000 independently licensed mental health professionals who volunteer as part of the largest and most highly credentialed disaster mental health response force in the country. Many of our disaster mental health workers have specialized training and experience working with children, the elderly and vulnerable populations. Our disaster mental health workers train all of our disaster workers in psychological first aid so that they can identify stress symptoms in children and adults, provide immediate emotional support to those in distress, and utilize evidenced-based triage tools to identify children and adults who are at greatest risk of developing clinical depression and post traumatic stress disorder.

Additionally, we are in the process of developing a new training course for all community members entitled *Coping in Today's World: Psychological First Aid and Resilience for Families, Friends and Neighbors.* In addition to learning how to provide psychological first aid, this course will teach community members how to increase their own resilience and the resilience of their children. We envision a day when community members across the country will go to Red Cross chapters to learn psychological first aid skills just as frequently as they learn CPR and physical first aid skills. We expect this course to strengthen the resilience and emotional support skills of individuals, families and children as they prepare, respond, and recover from disasters.

Finally, I must note that H1N1 has reminded us that even in a Pandemic, there are sectors of our communities that are hit harder than others are. Again, we see children, chronically ill adults, pregnant women, and older adults at the highest risk of complications. In the 1918 Pandemic, over 15,000 Red Cross nurses responded during the national response effort. Our Health Service workers are continuing to meet the needs of the nation, working beside our public health partners to assure that our most vulnerable are protected.

Recommendations

As we continue to respond to disasters, all members of the response community are gaining a deeper understanding of the effects and limitations of both catastrophic and more limited disaster events. Moving forward, a number of practical steps can and should be taken to increase readiness and improve our capabilities for serving the needs of the very young, the elderly and others with additional needs after a disaster. These recommendations can be summarized as follows:

- In all aspects of planning and response, children, the frail-elderly, and people with disabilities must be considered as a distinct population and not as part of a larger "special needs" category. Although disaster plans should be comprehensive in their strategy to meet the needs of all

segments of the community, it is essential that we do not group those with the most need into a single broad category.

- Government planning for housing recovery needs to be in place and ready to be executed immediately, even as the initial response to a disaster is under way. It is critical that we prioritize families with children for disaster housing assistance and expedited transition into permanent housing – especially families with children and individuals who have disabilities or special health, mental health or educational needs.

- Children are best served if the regular routine of their day-to-day life can be restored as quickly as possible. In many communities, the local schools, faith centers, and community sites serve as the critical shelter sites for those displaced by the disaster. These social hubs provide an essential layer of stability and normalcy that can be extremely helpful in recovery for children, the frail elderly and other vulnerable groups. The faster that sheltering operations can transition from these locations to more permanent solutions, allowing the building to be opened for intended purposes, the sooner children can return to normal daily activities and families can begin to recover.

- We need to accelerate the development of a National Recovery Framework with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing and human services recovery needs of the entire community ("wrap around services"). Much focus has been given to the immediate response and to the life sustaining efforts of both government and voluntary agencies. The same focus needs to be applied to the development of a separate federal plan that will provide the much-needed focus to recovery.

Conclusion

Madam Chairwoman and distinguished Members of the Subcommittee, thank you for providing me with the opportunity to testify before you today. Our nation continues to make improvements in our ability to respond to and recover from disasters, and we are learning the lessons from our past disasters as we strengthen our capabilities.

As a nation, we are better prepared for disasters than at any time in our history, but we have more work to do. With your support and that of the United States Congress, we can and must reach that goal. I thank you for your work in this important area, and look forward to our continued work together on these critical issues.

I am pleased to take any questions you may have.

Committee on Transportation and Infrastructure, Subcommittee on Economic Development, Public Buildings, and Management

Questions for the Record following the Testimony of Trevor Riggen of the American Red Cross, October 20, 2009

1. **Please describe the Red Cross's Functional Needs Support program.**

The Red Cross does not have a specific "functional needs support" program. We do, however, provide health assessment and general care to assist clients in the activities required for daily living. This sometimes involves working with partners to get needed assistance for our clients. The Red Cross is also working closely with FEMA and other disaster partners in the support of a newly developed Functional Needs Support program. This program, modeled on the Functional Assessment Service Team (FAST) concept developed in California, would provide immediate access to a caregiver workforce to supplement shelter staff as additional needs are presented. The Red Cross is a partner in this initiative; however, the implementation and funding is being led by FEMA.

The concept of functional needs support is also being developed at the state level. In Louisiana, a coalition of state government and non government entities--including Red Cross and elderly and disability groups--have developed a plan for recruiting, training, deploying and managing volunteer personal care assistants who will be assigned to individuals in general population shelters that need assistance with activities of daily living. These activities include eating, dressing, transferring from chair to cot or toilet and other basic activities. It is anticipated that the Louisiana plan will be ready for implementation for the next hurricane season.

2. **How difficult is it for the Red Cross to lay out space in shelters for children and families? How well does a standard public building lend itself to this necessity?**

No two shelters are identical, and some buildings are better suited for sheltering than others. Facilities like schools and community centers tend to offer the most conducive space for children and families. Separate classrooms or meeting space offers the flexibility that may be required to meet the full range of needs. Unfortunately these facilities are frequently only available for short term use since schools need to be open to help families and communities begin to recover.

The Red Cross has agreements with government and private facility owners to use their buildings at the time of a disaster, and it prioritizes these facilities for a variety of issues including flexibility in space configurations and services. Floor plans, space issues, and access issues are important to understanding the potential of a facility to be used as a shelter. Red Cross chapters survey buildings alongside local emergency management to determine the building's appropriateness for use as shelters.

3. **Please describe your Welfare Information Program. How do you ensure patient information confidentiality?**

Red Cross Welfare Information acts upon requests of worried loved ones to locate individuals inside the disaster area who are reported to have serious, pre-existing health and mental health conditions. These requests can be made through a local Red Cross

chapter or by calling 1-800-RED-CROSS. Once these individuals are successfully located, members of the Welfare Information Field Team ensure that they receive the care they need and then facilitates communication with family and friends.

In addition to its work in locating individuals with health and mental health conditions, Welfare Information promotes and provides supported registration on the *American Red Cross Safe and Well Website* (www.redcross.org/safeandwell) for the general population in a disaster-affected area. The Safe and Well Website is designed to establish connectedness prior to the return/restoration of normal communication methods. Those affected by disaster can register their status on the site in order to notify loved ones that they are "safe and well." In turn, people from outside of the affected area can search for loved ones by entering the registrant's full name, address, and/or phone number. To ensure privacy, results show only the registrant's name, the date/time stamp of registration, and a standardized message that the registrant chose to share (i.e., "Family and I are Safe and Well," "Currently at home," "Will email when able.") No information about the registrant's specific location is revealed.

Welfare Information encourages pre-disaster planning and encourages the use of the Safe and Well Website in family communications plans.

4. **Planning seems to be the key to successful mitigation and recovery. How would you assess the planning process today? What recommendation would you make for that process?**

As you know, successful planning requires involvement at all levels. However, planning is sometimes overlooked or neglected due to competing priorities that have more immediate impacts. In communities across the country, American Red Cross chapters continue to work with emergency managers, non-government partners, faith-based institutions and others to prepare for disasters to improve the planning process. Specific improvements can be achieved by:

- Re –introducing disaster preparedness curriculum in elementary, middle and high schools: There should be a culture of preparedness and disaster planning in our country. Incorporating disaster curriculum in schools will help set the tone for better planning and preparedness in communities across the country.

- Creating a County/State/Regional disaster plan template that can be utilized by all: Disaster plans currently come in all shapes and sizes, ranging from high-level overviews to super-detailed tomes. Templates would allow creation of standardized disaster plans for every community that could then be fed into State and Regional plans.

- Reward strong planning efforts in communities that are hit by disaster: It is easy to recognize when strong disaster planning pays off. A community that works hard to prepare for events should be acknowledged and rewarded in ways that help recovery after the event.

5. **What change, if any, would you recommend for the Stafford Act to help the agency be more nimble and effective in its response to persons with special needs?**

The American Red Cross has long supported changes to the Stafford Act that would allow FEMA more flexibility in providing assistance to survivors of disaster, as well as changes that would support state and local government and other agencies that provide assistance to survivors. We suggest that this question be posed directly to FEMA's Disability Coordinator, as well as to organizations such as the National Disability Rights Network (NDRN) that might be able to provide more specific recommendations.

6. **How can mitigation be used to reduce risks to those persons with special needs?**

Mitigation to reduce aggregate risk in disaster comes down to knowing what those risks are, understanding what types of disasters might occur, and preparing the community to meet the needs caused by the most likely events (e.g. evacuation or shelter in place?). Each community has unique needs and each system of community care (to include the Red Cross Chapter) must have an acute awareness of local demographics in order to adequately prepare, adjust planning and response capabilities, and apply mitigation strategies. The full awareness of the whole community, including special needs or vulnerable populations, of the risks and plans to meet those risks is the surest form of mitigation to ensure the community's safety.

Testimony of
Mark K. Shriver
Chairperson, National Commission on Children and Disasters

Before the

U.S. House of Representatives Subcommittee on Economic Development, Public Buildings, and Emergency Management

"Looking Out for the Very Young, the Elderly, and Others with Special Needs: Lessons from Katrina and Other Major Disasters"

October 20, 2009
2:00p.m.

Chairwoman Holmes Norton. Ranking Member Diaz-Balart and members of the House Subcommittee on Economic Development, Public Buildings, and Emergency Management.

I am Mark Shriver, Chairperson of the National Commission on Children and Disasters and Vice President and Managing Director for U.S. Programs at Save the Children.

Thank you for the opportunity to testify today on such a vital subject—children and disasters.

There is one defining quality that all Americans will remember most about the last ten years: the relentless onslaught of natural and manmade disasters and the constant threat that a new one could strike at any moment.

For too many of us, and especially for children, this will be remembered as the Disaster Decade.

For ten years, our nation's children have watched on TV or even from their windows... skyscrapers collapsing, cities being engulfed by water, entire neighborhoods on fire and even bedrock economic institutions collapsing, forcing families from their homes.

And during so many of those events, children have been left vulnerable because of a disaster management system that doesn't account for their unique needs.

Consider these facts:

- Following Katrina, it took up to six months to reunify children with their families.
- In New Orleans before Hurricanes Katrina and Rita, the city had 15,731 day care slots at 266 licensed centers.[1] Nearly a year after the storms, 80 percent of those centers and 75 percent of the slots were still gone.[2] In St. Bernard Parish in Louisiana, the number of child care centers dropped from 26 before Katrina to only two by 2007.[3]
- Following Hurricanes Ike and Gustav, shelters didn't have nearly enough essential baby supplies such as diapers, formula and cribs. Children are not counted separately from the general population in shelter facilities, making it difficult to provide supplies and services that meet their specific needs.

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[1] Elizabeth F. Shores, Cathy Grace, Erin Barbaro, Michael Barbaro, and Jenifer Moore, *Orleans Parish, Louisiana, Child Care Assessment; Executive Summary*, (Mississippi State: Mississippi State University Early Childhood Institute, 2006), 3, http://www.earlychildhood.msstate.edu/orleans-summary/orleans-exec-summ.pdf.

[2] Ibid., 3.

[3] U.S. Senator Mary L. Landrieu, Committee on Homeland Security and Governmental Affairs, Ad Hoc Subcommittee on Disaster Recovery, *Focusing on Children in Disasters: Evacuation Planning and Mental Health Recovery*, August 4, 2009, http://www.senate.gov/fplayers/I2009/urlPlayer.cfm?fn=govtaff080409&st=0&dur=6090.

- Research conducted just a few months ago by the firm Brown Buckley Tucker found that only seven states have met four out of four minimum child protection standards such as ensuring that schools and child care facilities provide evacuation and family reunification planning. On any given day, there are 67 million children in school or child care centers, separated from their families.

Children represent nearly 25% of the American population; there are 74 million children 18 years of age or under.

Most Americans in the face of a disaster would place the lives and well-being of children above all else.

The fact that the Federal government and its partners have not made children a higher priority than pets in disaster planning and management is outrageous.

In disaster planning, children are considered an "at risk," "vulnerable" or "special needs" population and subsequently grouped among the elderly, persons with disabilities, the medically-dependent and persons with special transportation needs or limited English proficiency.

In general, children do not fit into these broad categories. Among so many competing concerns, children—and frankly all of the other populations they are grouped with—are given less attention than necessary when disaster plans are written and exercised, equipment and supplies are purchased and disaster response and recovery efforts are activated.

All 74 million children in this country must be considered and planned for as children.

And while, for example, children with disabilities may require distinct planning and assistance in disasters, all children should be considered an integral part of, and many times an asset to, the general population.

Congress created the Commission as an independent, bi-partisan body to examine the gaps and shortcomings in public policy that perpetuate a cycle of "benign neglect" of children.

Last week, the National Commission on Children and Disasters delivered its Interim report to President Obama and Congress.

The Interim Report identifies several shortcomings in disaster preparedness, response and recovery and provides recommendations designed to make children an immediate priority in disaster planning.

The Commission is calling for sweeping changes to the philosophy and culture of disaster planning and management, which currently favors able-bodied adults with better means to survive and fully recover from disasters.

Congress required the Commission to examine a broad set of policy areas, including health, mental health, child care, child welfare, education, transportation, evacuation, housing, juvenile justice and emergency management.

For the purposes of today's hearing, I will focus my testimony on a few of the 21 recommendations provided in the Interim Report.

The full report can be found on the Commission's website:
www.childrenanddisasters.acf.hhs.gov

1. **Incorporate children as an immediate priority within the White House and the Federal Emergency Management Agency**

The White House plays a central leadership and coordinating role in advising the President on matters affecting national security, including disasters. The Commission has recommended to the President that a coordinating council be formed–composed of senior White House staff and collaborating with the National Security Council, Homeland Security Council, Domestic Policy Council and National Security Staff including relevant subject matter experts from within and outside the federal government–to serve as a focal point for Presidential policy development specific to children and disasters. This council would encourage cooperation among partners and a clearer understanding of roles and responsibilities in meeting the needs of children affected by disasters

FEMA also plays a central leadership and coordinating role in supporting disaster planning and management for partners, communities and citizens. Responding to concerns expressed by the Commission, on August 3, 2009, FEMA Administrator Craig Fugate announced the creation of a "Children's Working Group," which will serve as a centralized platform across all FEMA directorates to ensure that the unique needs of children are incorporated into all disaster plans. The working group is tasked not only with identifying and facilitating how best to integrate children into all FEMA planning efforts, but also with improving FEMA's capacity to work collaboratively with its partners and other key non-governmental stakeholders. Representatives from virtually all sectors of the agency serve on the Children's Working Group, and will consult with experts from other federal agencies as well as external stakeholder organizations with subject matter expertise.

The Commission collaborates regularly with Administrator Fugate and the Children's Working Group and we are seeking ways to address children's needs through changes in FEMA policy and rulemaking. Upon issuing its *Final Report*, the Commission will evaluate the effectiveness of the Children's Working Group and recommend whether it, or an alternative model, should be permanently established within the agency.

2. **Adopt national standards to provide a safe and secure emergency shelter environment for children, including access to age-appropriate services and supplies**

The Commission facilitated the development and dissemination of a draft document, *Standards and Indicators for Disaster Shelter Care for Children*. The document is being piloted in the field by the American Red Cross (ARC) and selected state and local emergency agencies during the 2009 hurricane season. At the request of the Commission, the availability of services and supplies relevant to infants and children also will be included in federal shelter assessment tools in the field. The standards and indicators will be evaluated and revised as necessary and incorporated into comprehensive documents that provide general shelter guidelines and training for shelter managers and staff.

The Commission also facilitated the development of a list of age-appropriate shelter supplies for infants and toddlers. Based upon this list, federal, state and local disaster supply caches can be created or expanded to support shelter managers with essential and cost-reimbursable supplies (e.g. formula, food, diapers, etc.) prior to the opening of shelters.

3. **Require tougher preparedness requirements for child care providers and improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster.**

Disaster planning for child care providers is crucial because young children, many of whom are immobile and unable to communicate basic identifying information to a rescuer, are particularly vulnerable in the face of danger when away from their families.

In addition, funding for the restoration of child care services is critical to recovery for children and families. Lack of child care services can have emotional and developmental consequences for children and economic consequences for families and communities.

Immediate steps Congress can take to prioritize child care in disaster preparedness, response and recovery include:

- Reauthorization of the Child Care and Development Block Grant that requires child care providers to have comprehensive all-hazards plans that, at a minimum, incorporate specific capabilities such as shelter-in-place, evacuation, relocation, family reunification, staff training, continuity of services, and accommodation of children with special needs;

- Requiring child care provider disaster plans to be coordinated with state and local disaster operations plans;

- Providing reimbursement under the Stafford Act, amending the Act as necessary, to support child care services to displaced families, establishment

of temporary disaster child care and the repair or reconstruction of child care facilities; and

- Creating an emergency contingency fund to help state and local governments meet additional needs, especially resulting from an influx of evacuated families from other states.

4. Establish a holistic federal disaster case management program with an emphasis on achieving tangible positive outcomes for all children and families within a Presidentially-declared disaster area.

Following Hurricanes Katrina and Rita, the federal government provided at least $209 million for disaster case management[4] services to assist survivors in coping with the devastation and rebuilding their lives, yet deficiencies existed that resulted in poor outcomes for these programs and illuminated the need for greater coordination and program evaluation in the provision of disaster case management services.[5]

The Commission recognizes that FEMA authorized four pilot disaster case management programs following Hurricanes Gustav and Ike in 2008. But it is unacceptable that a year later, FEMA and its partners still have not agreed on a case management program that is comprehensive and can be deployed in a rapid manner. The Commission recommended that FEMA move aggressively to choose a single disaster case management program, by the end of 2009.

In addition, the Commission recommended that disaster preparedness funding be provided for infrastructure and capacity building to support a case management program, in advance, in order to rapidly deploy trained case managers into disaster-affected areas.

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[4] Disaster case management is the process of organizing and providing a timely, coordinated approach to assess disaster-related needs as well as existing healthcare, mental health and human services needs that may adversely impact an individual's recovery if not addressed. The objective of disaster case management is to rapidly return children and families who have survived a disaster to a state of self-sufficiency. This is accomplished by ensuring that each child/family has access to a case manager who will capture information about the child/family's situation and then serve as their advocate and help them organize and access disaster-related resources. "Disaster Case Management Implementation Guide," ed. U.S. Department of Health and Human Services Administration for Children and Families (Washington, DC: HHS, 2008), 62.

[5] "Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management," GAO-09-561, ed. United States Government Accountability Office (Washington, DC: GAO, 2009), http://www.gao.gov/new.items/d09561.pdf.

In conclusion, children must be made an immediate priority in disaster planning and management within the consciousness of policy-makers here in Washington, D.C. and across the country.

The Commission strongly believes that the best way to instill public confidence in the way our nation prepares for, responds to and recovers from disasters is to make sure the needs of children are an immediate priority.

Children sit at the center of family and community. The H1N1 flu outbreak quickly proved this point as school and day care closings caused immediate health concerns, logistical obstacles for working parents and economic consequences for families, small businesses and communities.

In the aftermath of a disaster, effectively providing for the safety and welfare of children will create greater stability and help families and communities recover faster.

Again, I greatly appreciate the opportunity to testify on behalf of the National Commission on Children and Disasters.

We look forward to working with Congress and the President to implement the recommendations contained in the Interim Report. We are already preparing a more extensive body of work that will be presented in the Commission's Final Report, due in October 2010.

At this time, I would be pleased to answer your questions.

Questions for the Record
Subcommittee on Economic Development, Public Buildings and Emergency Management
United States House of Representatives

Submitted by:
Mark Shriver, Chairperson
National Commission on Children and Disasters

- Please summarize the goals and objectives of your report. What was your research methodology? What are the next steps?

Consistent with the authorizing statute, the Commission conducted a comprehensive study to independently examine and assess the needs of children (0-18 years of age) in relation to the preparation for, response to and recovery from all-hazards, including major disasters and emergencies, by building upon the evaluations of other entities and avoiding unnecessary duplication by reviewing the findings, conclusions and recommendations of these entities.

In the Interim Report, the Commission reported specific findings, conclusions and recommendations relating to: 1) child physical health, mental health and trauma; 2) child care in all settings; child welfare; 3) elementary and secondary education; 4) sheltering, temporary housing and affordable housing; 5) transportation; 6) juvenile justice; 7) evacuation; 8) relevant activities in emergency management; and 9) the need for planning and establishing a national resource center on children and disasters.

The research methodology consisted of meetings with Federal agencies including: FEMA, Department of Health and Human Services, Housing and Urban Development, Department of Justice and the Department of Education.

Commission staff explored academic databases and websites to identify existing research, reports, policy positions, guidelines, recommendations and identified gaps in the professional literature related to children and disasters using the terms and keywords "child*", "pediatric", "disaster", "all-hazards", "emergency", "policy", "recommendation" or "guidelines" in the title or abstract. These include PubMed, Google Scholar, the Health Services Research Library, and the National Child Resource Center from the Child Welfare Information Gateway.

Federal government websites and related websites, including Thomas.gov, GAO.gov, OpenCRS.com, EBSCOhost.com, and GalleryWatch.com were searched for reports, findings and recommendation papers either cited in the above searches or containing specific wording on "child," "disaster" and "all-hazards."

Websites of professional, advocacy and other non-governmental organizations related to children and disasters were reviewed for public documents discussing policy, guidelines, recommendations or gaps within the Commission's scope.

Citations and sources of relevant articles and reports were reviewed to identify any additional papers and reports for acquisition.

Questions for the Record
Subcommittee on Economic Development, Public Buildings and Emergency Management
United States House of Representatives

Submitted by:
Mark Shriver, Chairperson
National Commission on Children and Disasters

On April 1, 2009 the Commission sent letters requesting information, research articles, reports and policy recommendations to 73 non-governmental stakeholder organizations conducting policy or academic work relating to children's health and mental health, emergency management, disaster response, human services, housing, children's education, juvenile justice and state and local government and legislatures (Appendix E). The Commission received 25 responses. Furthermore, documents from these stakeholder organizations and other various entities and individuals have also been submitted in meetings and by mail and email throughout the Commission's tenure.

In the next 12 months leading up to the Final Report, the Commission will engage Federal, state, local and Tribal governments, as well as non-profit stakeholders. The Commission anticipates holding informational meetings in the field. In addition, the Commission will closely monitor the implementation of recommendations contained in the Interim Report and other initiatives, while simultaneously focusing our research more intensively on program evaluation, best practices, the examination of emerging issues and development of clear, actionable recommendations.

- Please elaborate on your document "Standards and Indicators for Disaster Shelter Care for Children" What information does it include? Does the document make recommendations?

This document is contained within the Interim Report as Appendix B (p.70-72). The document is intended as a guidance tool for mass care shelter operators and staff to ensure that children and their families have a safe and secure environment during and after a disaster. The document contains general guidelines applicable to all shelters, as well as guidance for temporary respite care (which may or may not be present in all shelters). For example, the document recommends that children be sheltered together with their family or caregiver; that local law enforcement and child protective services be contacted to care for unaccompanied minors; that children be provided age-appropriate supplies and nutritious food; and that temporary respite care is a safe area for children—for example, close to restrooms, provisioned with safe toys and materials, and supervised in a secure environment by screened and trained adults.

- What "tougher" preparedness requirements do you recommend for child care providers?

State child care regulatory agencies should include disaster planning, training and exercising requirements within the scope of the state's minimum health and safety standards for child care licensure or registration. Disaster plans for child care providers

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must, at a minimum, incorporate specific measurable capabilities for shelter-in-place, evacuation, relocation, family reunification, staff training, continuity of operations and accommodation of children with disabilities and chronic health needs. State and local emergency management planning activities must be expanded to include participation of child care administrators, child care regulatory agencies and child care resource and referral agencies. Similarly, state child care administrators must develop statewide child care disaster plans in coordination with emergency managers, child care regulatory agencies and child care resource and referral agencies.

- What have you been able to bring to light on children's issues as a member of FEMA's National Advisory Council?

To clarify, I am a member of the National Advisory Council in my capacity as Vice President, U.S. Operations for Save the Children. However, in April 2009, I was invited as Chairman of the Commission to address the NAC. In my remarks, I emphasized the need for partnership with the NAC in several areas of mutual interest including: sheltering, evacuation and reunification, and disaster case management. Recently, Commissioner Lawrence Tan was given the opportunity to reinforce these areas on a conference call with the NAC Sub-committee on Special Needs Populations (which includes children).

- Planning seems to be the key to successful mitigation and recovery. How would you assess the planning process today? What recommendation would you make for that process?

Children constitute nearly 25 percent of our population and in most cases their needs occupy the center of family and community. Logically, disaster planning should place an immediate priority on addressing the needs of children. In reality, children are given a passing mention in disaster plans and strategies or relegated to separate annexes in the back of planning documents, which emergency managers may not have the time or resources to address. In reality, the needs of children are often overlooked and misunderstood. In disasters, children should neither be grouped with "at-risk," "special needs" or "vulnerable" populations, nor considered "little adults." Children's needs are unique, especially when prescribing disaster physical and mental health interventions and purchasing equipment and supplies. Children with disabilities and chronic health needs become even further marginalized in planning when their needs are not distinguished and prioritized.

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Recommendation 1.1: Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster planning activities and operations.

- *Establish a focus on children and disasters within the Federal Emergency Management Agency (FEMA) and the White House, supported by policy and operational expertise from across the federal government, non-federal partners and relevant non-governmental organizations.*
- *Incorporate meeting the needs of children as a distinct priority throughout base disaster planning documents and relevant grant programs.*
- *Include children in relevant target capabilities, preparedness training and exercises, with specific target outcomes and performance measures.*

Disaster planning must clearly incorporate specific strategies for children into base planning documents, such as Comprehensive Preparedness Guide (CPG) 101, rather than separate documents, such as CPG 301 (Special Needs Planning) or annexes. Disaster planning must include collaboration with administrators, regulators, parents and parent organizations and providers of services to children, such as education, child care, child welfare and juvenile justice. National disaster planning documents, such as the National Response Framework (NRF), which includes the Emergency Support Functions (ESFs), must elevate the needs of children as a distinct priority.

Further, relevant target capabilities and preparedness training and exercises must include specific target outcomes and performance measures for children. The Commission is monitoring draft revisions to the Target Capabilities List, particularly sections related to Mass Care and Weapons of Mass Destruction and Hazardous Materials Rescue, to ensure incorporation of measurable target outcomes and resource elements for children, based upon the percentage of children in the community. All plans should be based upon the specific demographics of the child population and their age-based needs. For example, if a target capability is to treat a general population of 1,000 people, and children make up 25 percent of the community, the target capability should include treatment of 250 children. The Commission recommends exercises include objectives that test capacities including, but not limited to, pediatric triage, pre-hospital treatment, surge capacity, transport of children and coordination with schools, child care providers and child welfare and juvenile justice systems.

The Commission is collaborating with the Department of Homeland Security (DHS) Grants Directorate to strengthen community preparedness planning, training and

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exercising by making children a priority in grants awarded through the Homeland Security Grant Program (HSGP). In addition, the Commission recommends critical supply lists and allowable costs and expenses include program activities, planning, training, exercising, equipment, food and basic medical supplies for children. The Commission recommends that DHS require grantees to make pediatric capabilities integral to base plans rather than a subset of "special needs" populations. The Commission further recommends that HSGP grant guidance enhance and expand capabilities for improved preparedness of child congregate care systems, providers and facilities, especially school districts and child care providers.

- What change, if any, would you recommend for the Stafford Act to help the agency be more nimble and effective in its response to persons with special needs?

The Commission recommends the Stafford Act specifically support child care within major disaster assistance programs to communities and individuals, including support for temporary child care.

- How can mitigation be used to reduce risks to those persons with special needs?

Mitigation can be useful for hardening of facilities that house children on a daily basis, such as schools, child care centers, group homes, juvenile detention facilities and courts. In addition, training for mental health resilience may be an important mitigation tool for children, as well as responders, teachers, school personnel and child care staff.

National Council on Disability

An independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

Testimony of John R. Vaughn, Chairperson
National Council on Disability (NCD)

Subcommittee on Economic Development, Public Buildings, and Emergency Management

Transportation and Infrastructure Committee

U.S. House of Representatives

"Looking out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and other Major Disasters"
Tuesday, October 20, 2009
2167 Rayburn House Office Building
2:00 P.M.

Ms. Chairwoman, Ranking Member Diaz-Balart, and Members of the House Transportation and Infrastructure Subcommittee on Economic Development, Public Buildings, and Emergency Management:

On behalf of the National Council on Disability, thank you for the opportunity to testify today on NCD's research regarding procedures and plans in place for the aid of children and adults with disabilities during and after natural disasters.

Introduction

NCD and Its Role in Emergency Preparedness

NCD is composed of fifteen members, appointed by the President, with the consent of the U.S. Senate, and a staff of 10 that supports the Council's work. The purpose of NCD is to promote policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities and that empower individuals with disabilities to achieve economic self-sufficiency, independent living, and integration into all aspects of society. To accomplish this, we gather stakeholder input, review federal programs and legislation, and provide advice and recommendations to the President, Congress and government agencies. Much of this advice comes from timely reports and papers NCD releases throughout each year.

NCD has provided advice on emergency management through publication of several reports and papers over the last several years. Just prior to and following Hurricanes Katrina and Rita, NCD released the following report and papers: *Saving Lives: Including People with Disabilities in Emergency Planning* (April 2005); *The Needs of People with Psychiatric Disabilities During and After Hurricanes Katrina and Rita: Position Paper and Recommendations* (July 2006); and *The Impact of Hurricanes Katrina and Rita: A Look Back and Remaining Challenges* (August 2006).

As a result of NCD's work, the 2006 Homeland Security Appropriations bill's Post-Katrina Emergency Management Reform Act (PKEMRA) (H.R. 5441) required FEMA to employ a National Disability Coordinator and to interact, consult, and coordinate with NCD on a list of eight other activities. These duties included interacting with stakeholders regarding emergency planning requirements and relief efforts in case of disaster; revising and updating guidelines for government disaster emergency preparedness; evaluating a national training program to implement the national preparedness goal; assessing the nation's prevention capabilities; identifying and sharing best practices; coordinating and maintaining a National Disaster Housing Strategy; developing accessibility guidelines for communications and programs in shelters and recovery centers; and helping all levels of government in the planning of evacuation facilities that house people with disabilities. Congress provided $300,000 in the FY 2007 appropriations bill to enable NCD to fulfill our assigned duties under the PKEMRA. That funding has enabled us to complete our most recent report entitled *Effective Emergency Management: Making Improvements for Communities and People with Disabilities.*

Based on ongoing policy and research work, NCD identified a major gap in the government's knowledge base involving the availability and use of effective practices for community preparedness and response to the needs of people with disabilities in all types of disasters. In an effort to fill this gap, NCD collected more information about promising practices from emergency management organizations, a public consultation, and public testimony received in writing and at Council meetings held throughout the country. The *Effective Emergency Management* report provides examples of effective community efforts with respect to people with disabilities, and evaluates many emergency preparedness, disaster relief, and homeland security program efforts deployed by both public and private sectors. Finally, the report offers recommendations based on scientific research and thorough review of policies and practices that have been tested in emergencies of all types. It is our hope that this report will promote a focused dialogue and communicate critical information to be used by those charged with protecting our nation's most vulnerable populations.

The testimony that follows, like our *Effective Emergency Management* report, is ordered by phase of the disaster life cycle – preparedness, response, recovery, and mitigation. Each section of the testimony will provide a condensed overview of the current status of adults and children with disabilities during each phase of the disaster life cycle, including a summary of the challenges that persist, and will include a few selected recommendations NCD suggests for the Committee's consideration to assist in

improving outcomes during and after disasters in the future. Each of these sections, as well as the recommendations, is developed in far greater length in our *Effective Emergency Management* report.

People with Disabilities and Disasters, Generally

According to the U.S. Census Bureau, approximately 54 million Americans, or roughly 20% of the total population, have disabilities. Disability affects all people of all ages. Disability can be acquired genetically, at birth, through an accident or injury, or naturally as part of the aging process. No matter how severe nor how attained, no individual with a disability should be left out of making plans for disaster preparedness, response, recovery, and mitigation.

Despite the notable percentage of the population that people with disabilities represent, according to a 2007 Harris Interactive survey released by the National Organization on Disability (NOD), 58 percent of people with disabilities reported not knowing whom to contact about emergency plans for their community. 61 percent reported not having made plans to quickly and safely evacuate their home. And amongst those employed full- or part-time, a full 50 percent reported having made no plans to safely evacuate their place of employment.[1]

Through the purposed actions of federal, state, and local emergency planners as well as individual stakeholders, these figures must change. The alternative is a resignation to accept preventable casualties and deaths. A failure to plan is a plan to fail. This is a theme demonstrated through examples throughout this testimony and reflected in recommendations in each disaster phase section.

PREPAREDNESS

Generally

As noted in the *Effective Emergency Management* report's key findings, the greatest amount of work amongst the disaster phases has been done in the area of disaster preparedness. Nevertheless, a great deal of work remains needed in the areas of education and training, the design of warnings, and the provision of transportation and sheltering services. Additionally, while a number of resources provide recommendations for working with people with disabilities on disaster preparedness, very few actually show evidence of having implemented or evaluated these same strategies. Therefore, tested and refined strategies and initiatives remain sparse.

Historically, people with disabilities have been marginalized by the emergency management community. Instructions relating to the unique needs of people with disabilities have typically been limited to a few lines in an emergency plan, if they are mentioned at all. "Disabilities" have generally been placed into one large category, without consideration for the unique needs associated with each type of disability. Emergency planners have often decided what people with disabilities need without

consulting those people. This practice further alienates people with disabilities and increases their vulnerability during disasters. In recent years, Congress and the White House have demanded that emergency planners afford people with disabilities the same consideration during emergency planning as all other individuals. Although some improvement in this area is evident, catastrophic events, such as Hurricane Katrina and the California wildfires, continue to expose the gaps that still exist in many emergency plans and preparedness efforts. These events reinforce the need for additional action.

Practical Barriers to Preparedness for People with Disabilities

Although ultimately everyone, including people with disabilities, is personally responsible for his or her own safety and must actively prepare for a disaster, this proves difficult for many individuals with disabilities whose income is often well below national norms. When an individual must rely upon discretionary income to pay for emergency kits, transportation costs for evacuation, temporary shelter expenses, and ongoing recovery needs, and discretionary income is little to none, execution of these steps is often impractical. Another practical barrier is that disaster preparedness remains low in most peoples' list of priorities,[2] and for people with disabilities who often have long lists of other unmet needs, this situation is no different.

People with Disabilities are Routinely Excluded from Preparedness Activities

Unlike many of their nondisabled peers, people with disabilities are routinely excluded from preparedness exercises, drills, and other planning processes. As noted in one study of 30 disaster sites, only 27 percent of emergency managers had completed available training on disabilities, and fully 66 percent of the counties had "no intention of modifying their guidelines to accommodate the needs of persons with mobility impairments" because of problems stemming from costs, the availability of staff, awareness, etc.[3] This lack of involvement in disaster planning also compromises emergency planners' credibility to people with disabilities when hazard and preparedness information is disseminated. The likeliest solution is found in a partnership approach to preparedness planning that brings disability organizations, with which people with disabilities may already be familiar, to the table with emergency planners.

One-Size-Fits-All Approaches Do Not Work

People with disabilities are often grouped together as a homogenous unit in preparedness recommendations, which does not adequately account for the range of differences that exist between disabilities or the accompanying range of issues that emergency managers must prepare for to successfully respond to this diverse population. Generic, one-size-fits-all approaches to disaster planning do not work. Each type of disability presents its own unique set of barriers during disasters. For example, people with hearing disabilities may not receive weather warnings that broadcast only over audible technologies, whereas the most urgent concern of people with mobility disabilities may be negotiating the stairs of a fire escape during evacuation. In Executive

Order 13347: *Individuals with Disabilities in Emergency Preparedness*, President Bush called for emergency managers to "consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves."[4] Indeed, addressing barriers created by the "unique needs" of people with disabilities, rather than focusing narrowly on disability, can serve to better protect all people during times of disaster. Children, seniors, and people with disabilities all benefit from an expanded set of options to support those at risk during an event.

People with Disabilities as Active Participants in Preparedness Planning

As noted in our *Effective Emergency Management* report, people with disabilities must be actively involved in the planning process for several reasons:

- First, their knowledge of potential barriers is invaluable. People with disabilities are excellent choices to serve as consultants or advisors during emergency plan development;[5]
- Second, their personal experience in overcoming these barriers adds tremendous validity to plan solutions; and
- Third, the empowerment experienced through participation may prompt people with disabilities to take preemptive actions on their own and encourage others to follow suit.[6]

Invited participants must be representative of all types of disabilities. Equal representation is imperative, as each disability can present unique challenges to consider during emergency plan development. For example, people with only mobility disabilities can receive warnings via ordinary technology, but they may not be able to self-evacuate; whereas people with hearing disabilities may be able to self-evacuate, if they are properly notified. Advocacy groups that work for people with disabilities should also receive an invitation to the planning table. The collective knowledge gained by including these individuals and organizations is invaluable to plan development. In addition, the individuals or groups responsible for implementing the plan, such as first responders, should also be involved in the process.[7] The insight gained through working side by side with people with disabilities during the plan development process will enhance everyone's understanding of the plan's purpose.

Regional Coordinators Could Create Crucial Linkages

PKEMRA established the creation of the national disability coordinator position at FEMA, which marked a critical step in institutionalizing staff positions representing disability interests. Despite a variety of encouraging work seen to date from the national coordinator, given the number of disasters each year (The Center for Research on the Epidemiology of Disasters reported 22 major natural disasters in 2008 alone, affecting 17 million people in the United States) as well as the local disability concerns that emerge unique to each disaster, regional replication of the national coordinator position is vital. Regional coordinators similar to the National Coordinator's position, set up in

each regional FEMA office, could enhance the effectiveness of the national disability coordinator by drilling down on local disability issues to more aggressively and timely respond to the needs of people with disabilities in disasters. Regional coordinators could liaise between voluntary agency liaisons and voluntary organizations that function in the National Response Framework and could oversee disability task forces that would go a long way in shoring up communication linkages between the local disability community and emergency managers.

Education and Training

Since most people have limited experience with disasters, educational programs are essential components of effective preparedness planning.[8] Increasing the awareness of people with disabilities through disaster-related education programs is likely to lead to increased confidence and self-reliance.[9] Education programs should instruct individuals and families how to prepare for disasters, especially sudden onset events. The materials and formats used in these disaster education programs must be developed in such a manner that they are accessible to people with all kinds of disabilities in both format and content. Periodic reviews of the information are essential to ensure that instructions reflect current research and practices. Avenues of distribution for this information should include the following:[10]

- **Organizations:** People with disabilities may rely on a wide range of organizations, including social service, health, advocacy, community-based, disability, and other organizations. Professional associations for people with disabilities and disability community groups (music, dance, poetry, theater) can also be used. It is most practical to attempt to distribute information to people where they live, eat, work, worship, recreate, and socialize.
- **Public meetings and workshops:** These can be used not only to formally present information but to encourage the exchange of information among attendees. Public meetings work best when the number of attendees is relatively small. A neighborhood meeting is a good example of this method.
- **Brochures, door hangers, and other printed materials:** Printed materials are a rather simple but effective method of dispersing information. These materials should be available in Braille as well as other languages to ensure that everyone has access to the information.
- **Issue presentations and panel discussions:** These are similar to public meetings but could involve larger audiences, as attendees are primarily there to receive information. Examples include professional associations, civic clubs, and advocacy organizations.
- **Radio talk shows, chat rooms, social networking sites, disability blogs, and email blasts:** These informal mediums are less intimidating to most people and are generally accessible from any location via phone or computer.
- **Web-based information:** The Internet is fast becoming the information source of choice. In most cases, people are able to quickly access multiple references to almost any topic without leaving their homes.

- **Degree programs:** Colleges and universities should be encouraged to integrate an awareness of the needs of people with disabilities into their degree programs, especially emergency management, fire sciences, social sciences, social services, and gerontology, to name a few.

Training offers an avenue to evaluate the concepts and measures or recommended procedures contained in an emergency preparedness plan while simultaneously enhancing the proficiency of participants, both individuals and organizational representatives or staff. Examples include practice sessions, live drills, and tabletop exercises. These events should take place in a controlled environment that both teaches and tests emergency procedures. On an individual level, practicing and adapting a personal evacuation plan is vital to ensuring that protective actions work and become familiar. The development of responsive habits is the first line of defense against any type of disaster, especially rapid onset events.

Emergency responders also need training in recognizing and understanding the needs of people with disabilities.[11] Most emergency responder training comes from practical exercises or emergency simulations. In similar fashion, firefighters should use tools, such as the etiquette guide developed by Oklahoma Able Tech and Fire Protection Publications, during training sessions to increase their awareness of the needs of people with disabilities. Additionally, people with disabilities must be actively involved in preparing, conducting, and overseeing training exercises. Their expertise in proper lifting techniques, ways of communicating, and handling other barriers that are often overlooked will greatly benefit emergency responders in their response preparations. This perspective and insight into the unique needs of people with disabilities will enhance the effectiveness of training simulations and identify areas for improvement.

Evacuation Planning

Pre-event planning is crucial for the successful evacuation of people with disabilities, as the time and resources necessary for their evacuation often exceeds that required for individuals without disabilities.[12] Timing is not the only issue associated with evacuating people with disabilities. The U.S. Government Accountability Office (GAO) documented a number of challenges during recent evacuation events, including identifying people who need evacuation assistance, securing adequate transportation, and coordinating the evacuation efforts. Evacuation protocols are still emerging and lack empirical validation through scientific studies. FEMA has recently established regional agreements with paratransit services to provide support and, as of February 2009, the Federal Highway Administration was reviewing draft guidance for special needs evacuation.

Rapid-onset evacuations often prove more difficult, even under the best of circumstances. In 2004, the California State Independent Living Council (SILC) issued a brief entitled "*The Impact of 2003 Wildfires on People with Disabilities*" and found that people who were deaf were not notified adequately of the wildfires.[13] Emergency personnel raced ahead of the fast-moving fires and announced evacuation orders using

car loudspeakers. Few reports on television were close-captioned. Similarly, people who were blind often went without notification as well. Many remote areas did not have television or radio access and none had reverse 9-1-1 capabilities. According to the brief, sometimes "those notified to evacuate were not advised which direction to flee, or what location could be used as an emergency gathering point."

Sheltering in Place

An alternative to evacuation when faced with a rapid onset disaster, such as a hazardous material release, is to seek refuge inside a structure. This is known as sheltering in place. The object of sheltering in place is to limit, if not eliminate, exposure to the outside air. Sheltering in place may be problematic for people with disabilities for several reasons. First, people in the "lowest income quartile [are] less likely to want to attend classes on creating a home shelter environment and to have a family plan or preparedness kit" in place to do so, and people with disabilities often fall into this lower income quartile.[14] Second, people with disabilities may experience difficulties with the physical labor necessary to create a home shelter. The limitations of their disability could prevent them from setting up a shelter or increase the amount of time necessary to do so, leaving them vulnerable to airborne contaminants for an extended period. A separate but similar issue may occur among individuals with cognitive disabilities, who may have difficulty understanding instructions for sheltering in place. This includes people with significant cognitive disorders and those with Alzheimer's. A third problem with sheltering is the lack of accessible options; for example, most underground safe rooms in tornado alley are not accessible.

Preparedness Recommendations

In view of many of the most serious ongoing challenges to the disability community within the preparedness phase of disasters, NCD elevates the following recommendations for Congressional consideration:

- **Protect and maintain independence** – Policies focusing on disaster preparedness should strive to protect and maintain the independence of people with disabilities. This includes addressing issues such as appropriate warning systems, transportation services, and sheltering options—to name a few.
- **Partnerships with disability organizations** – Require federal agencies to include disability organizations as partners in all preparedness and outreach efforts, funds, grants, and programs.
- **Universal design** – Encourage adoption of universal design principles as a means to increase evacuation options for people with disabilities.
- **Accessible warning messages** – Request that GAO investigate noncompliance with FCC policies (regarding accessibility of emergency broadcasts).
- **Regional disability coordinators** – Positions similar to the National Disability Coordinator should be included in the structure of the regional FEMA offices.

Regional disability coordinators could enhance the effectiveness of the national disability coordinator by addressing more localized disability issues. Emergency management offices at the state, local, and tribal levels should be encouraged to establish similar positions in their respective jurisdictions.

RESPONSE

Generally

Policy and practice areas tied to disaster response include the delivery of emergency information, the actions of individuals in response to that information, and the implications of the built environment and often the barriers created by it for the evacuation of children and adults with disabilities in times of emergency. Largely, people with disabilities remain forgotten during the response phase of a disaster. Similar to as was reported above in the preparedness phase, when people with disabilities *are* remembered within response measures, they are often grouped into one homogeneous population and provided with instructions that are not appropriately communicated or that are impossible for everyone to follow. However, some recent Federal actions provide reason for cautious optimism for change.

Positive Trends

Since Hurricane Katrina, the response phase has received more attention, in connection with people with disabilities, than any other phase in the life cycle of emergency management. Toward that end, FEMA and the DHS office of Civil Rights and Civil Liberties (CRCL) released a draft of the *Comprehensive Preparedness Guide 301: Special Needs Planning* (CRCL 2008, released August 15) as part of the Post-Katrina Emergency Management Reform Act. The intent of the guide is to focus on people with disabilities and other "special needs," as they are called in the plan. A very promising trend is found in this document on pages 4–5, where it mentions "special needs" as a "function-based approach…that addresses a broad set of common function-based needs irrespective of specific diagnosis, statuses, or labels (e.g., children, the elderly, transportation-disadvantaged)." Functional areas typically include maintaining independence, communication, transportation, supervision, and medical care. However, the term "functional needs" is not in widespread use across the nation, except in jurisdictions that have engaged in considerable research and planning (e.g., New York, because of its functional/medical needs shelter approach).

Problems Posed by the Built Environment

Historically, society has viewed disability through a medical model, which explains disability as one's personal, biologically-understood limitation, rather than through a socio-political model, which views disability as a consequence of faulty assumptions within the broader social, economic, and political environments.[15] (The landmark civil rights law, the Americans with Disabilities Act (ADA), was written and is premised on the

latter model.) Relying on the medical model to understand disability has had the consequence of deemphasizing examination of the built environment and social responsibility to create a safe setting for everyone. One research team remarked, "Traditional perspectives, based on assumptions of individual limitation, have shaped the construction of disabled people's vulnerability to natural hazards as tragic yet unavoidable."[16] This is simply untrue. However, by ignoring the built environment, people with disabilities are further alienated and the safety of everyone who responds to an emergency or disaster is jeopardized.

Contributing to the issue of the built environment is the fact that "the most accessible entrances tend to be the best route out of the building for everyone; nondisabled people head there first in an emergency, thus clogging those exits intended for the disabled, who have no alternative exits."[17] Researchers in this area promote the need to address the built environment as accessible to everyone, thus promoting safe disaster response rather than requiring and relying upon people with disabilities to understand and act on detailed instructions in an environment that is not supportive of their functional needs.

Communication Gap between Emergency Management and Disability and Aging Communities

Many of the problems incurred by emergency personnel during the response phase of a disaster could be addressed if planning included people with disabilities. It is imperative that people with disabilities have a voice and be at the table for all stages of disaster planning, including the development of policies that impact the built and social environments and, therefore, influence a person's ability to respond appropriately to disaster. Yet, the report from the Special Needs Assessment for Katrina Evacuees (SNAKE) project found that many emergency shelter planners had little interaction with the disability community prior to Hurricane Katrina.[18] The following findings were presented in the SNAKE report:

- 50% of those interviewed had policies, plans and guidelines for disability accommodations in place prior to Hurricane Katrina. Only 36% had someone with expertise onsite to provide guidance regarding appropriate accommodations.
- 54% of the respondents did not have any working agreements with disability and aging organizations prior to the event. 50% made contacts with those organizations as a result of their Hurricane Katrina experience.
- The gap between emergency management and disability- and aging-specific organizations widened when the organizations serving these populations tried to connect with the emergency management community–85.7% of these community-based groups answered that they did not know how to link with the emergency management system.

Warning Systems

As NCD noted in its written testimony last month to this Subcommittee, the current status of emergency warnings for people with disabilities is woefully inadequate. People who may have special communication needs for disaster warning messages include people who are deaf, deaf-blind, blind, or visually-impaired; the frail elderly; and those with cognitive disabilities. The existing and decentralized warning system in the United States, though offering extensive means for warning dissemination, largely relies on audible (possibly supplemented by visual) messages that are often transmitted through an intermediary. For many deaf and hard of hearing individuals, audible-only inclement weather warnings or Civil Defense sirens go unheard. Most disaster warnings are only broadcast via conventional media methods, so to the extent that conventional media remain inaccessible to people with hearing and vision disabilities, emergency information broadcast over them does as well.

Many blind or visually-impaired individuals are relying increasingly on television to meet communication needs, which has important implications in times of disaster. The FCC Media Security and Reliability Council is working with the American Foundation for the Blind (AFB) to develop standards to address the needs of individuals with vision loss during times of disasters. In the current absence of standards, on-air meteorologists often assume that consumers have good vision and can see the radar images, failing to accompany an emergency weather broadcast with proper audio cues as to location or trajectory. Recent technologies that project a storm's path, location, and time may be useful, but only if they are offered through audible means as well as through visual graphics.

For individuals who are deaf-blind, receipt of an emergency message often involves diverse communication needs. Large-print and tactile cues are preferred when available. Communication with individuals who are deaf-blind can range from sign language near the person's face to sign language in the palm to words written on the palm with a finger. The universal symbol for an emergency is a tactile symbol "X," "drawn" on the back of the deaf-blind individual by an individual who is alerting him or her. This symbol is understood to mean that an emergency has occurred and that it is imperative for the individual receiving the message to follow directions and not ask questions. However, few if any preparedness materials or training workshops include this information.

In addition to the numerous barriers to the initial receipt of the warning message, barriers also hamper a recipient's belief in the credibility of the message. Experts contend that the best way to extend warnings is through the use of people who are as similar to the target population as possible, using well-established officials familiar to the community to enhance credibility.[19] Emergency management professionals can build their credibility among the disability community by involving people with disabilities in all stages of disaster response; this also helps achieve effective response in the community during times of disaster. Another strategy is to use public service

announcements (PSAs) and warning messages disseminated by people who are known and trusted in the disability community.

Being able to see, hear, or understand that other people are taking shelter increases the likelihood that a person will take action. For people with sensory, cognitive, or psychiatric disabilities, taking shelter may be further delayed if confirmatory cues are not present. Solutions include accessible Public Service Announcements (PSAs) that show people with disabilities taking protective action, outreach efforts by people with disabilities or advocacy organizations, and direct appeals to people with disabilities, their families and friends, and service organizations.

To better meet the needs of all people, including people with disabilities, emergency managers must understand how people respond during a disaster warning. Knowing how to provide a warning message that will be well received and using a credible "voice" to deliver it are major steps toward motivating community members (including people with disabilities) to respond appropriately. By better understanding the steps taken by individuals who receive and hopefully respond to warning messages, emergency personnel can improve the likelihood that crucial instructions are followed.

Legal Implications for Evacuation of People with Disabilities

Many first responders incorrectly assume that everyone is able to evacuate safely without additional assistance. For many people with disabilities, however, unique evacuation barriers exist that must be addressed during the development and execution of evacuation plans. Based on Census data as well as the number of individuals who at any one time may be experiencing temporary disability (such as a broken leg), a considerable amount of a community's population will need additional assistance during an evacuation. In the Houston area alone, for example, at least 40,000 people required power for wheelchairs, ventilators, and similar equipment before Hurricane Ike.[20] In FEMA's 2009 Citizen Corps national preparedness survey[21], nearly 4 in 10 individuals from the general population said they would expect to need help to evacuate or get to a shelter in the event of a disaster.

In 1999, citing Title II of the ADA, the Supreme Court ruled in *Olmstead v. L.C. and E.W.* that people with disabilities have the right to live in the community in a noninstitutional setting with proper services and supports as deemed appropriate by professionals. Title II of the ADA requires that public entities provide services to people with disabilities in the most integrated settings possible, or as appropriate to the needs of the individual with a disability (also referred to as "integration regulation") (Cornell University Law School Legal Information Institute n.d.). The implication of this court case in the construct of emergency planning is clear–since the landmark ruling, it is prudent to assume that every community is made up of individuals with disabilities living independently and that these individuals may be less likely to have the support of institutions during disaster. Plans must take this demographic knowledge into account.

In *Savage v. City Place Limited Partnership, et al.*, a settlement was reached that forced Marshalls, a major retailer in 42 states and Puerto Rico, "to provide accessible evacuation routes for shoppers with disabilities in all of its stores...." (Gardner and Hollman 2005, para. 1). Katie Savage, who uses a wheelchair, filed a lawsuit after being trapped in a mall when Marshalls employees tried to force her to exit via an inaccessible path during an emergency evacuation. Savage became trapped in an underground portion of the facility, where she was unable to use the elevators. The Circuit Court for Montgomery County, Maryland, "found that the ADA requires places of public accommodation to consider the needs of people with disabilities in developing emergency evacuation plans."[22] According to Elaine Gardner, director of the Disability Rights Project at the Washington Lawyers' Committee for Civil Rights and Urban Affairs: "The ADA always has been understood to help get people with disabilities *into* places of public accommodation. Now, for the first time, it also works to ensure that public places try to get those same people *out* in the event of a fire, terrorist attack, or other emergency" [emphasis added].[23]

Transportation Considerations

When evacuation is necessary, additional attention must be directed toward the availability of adequate transportation for individuals with disabilities and the technology or mobility devices they rely on (e.g., wheelchairs). According to the Survey of Hurricane Katrina Evacuees, the most common reason provided by respondents for not evacuating was "I did not have a car or a way to leave."[24] In studying the aftermath of Hurricane Katrina among New Orleans residents, the Government Accountability Office (GAO) found that state and local governments did not "integrate transportation-disadvantaged populations" into their evacuation plans.[25] GAO also found that most state officials did not believe that many of their residents needed transportation assistance, despite U.S. Census data to the contrary. Further emphasizing the importance of this consideration, the recent Citizen Corps 2009 survey showed that over half of the respondents reported needing help with transportation out of their area in the case of an emergency (55%).[26]

When addressing people with disabilities who lack transportation and money, emergency planners must plan for the evacuation of assistive devices in addition to the person. These assistive devices are often custom fit for the individual and should be evacuated with him or her to ensure maximum independence, to lower reliance on emergency assets, and to speed post-event recovery. Service animals are also vitally important to their owners' ability to maintain independence and should be evacuated with the person. Guidance from the Federal Highway Administration is currently in draft form and subject to future release. The guidance describes a protocol for evacuation of people with disabilities and those in congregate locations from residence to reception center or shelter.

Nursing Home Evacuations

Deaths amongst nursing home residents in New Orleans following Hurricane Katrina highlighted the need to better plan and respond to the special needs in this population of people.[27] Transportation and long-term living arrangements are the major factors in the evacuation of nursing home residents, many of whom have mobility and/or cognitive impairments. Evacuations are multi-tiered, as residents, their personal items, staff, and long-term medical needs must all be addressed.

When the National Disaster Medical System (NDMS) assists in the evacuation of hospital patients during natural disasters, it is not designed to aid in nursing home evacuations.[28] Further, nursing homes and emergency management teams seldom work together. In its 2006 report, for these reasons, GAO requested that DHS "clearly delineate...how to address the needs of nursing home residents during evacuations."[29]

Search and Rescue

Unlike other components of the response phase, rescuing disaster victims always occurs in an unpredictable and hazardous environment. For the reason of unpredictability of disasters, first responders do not preplan rescue operations but rather focus on practicing rescue techniques. It is during the practice of these fundamentals that guidance in lifting, moving, and communicating with people who have disabilities should be incorporated.

Because of our decentralized society, responsibility for the initial response to any disaster rests on the shoulders of the local government.[30] Thus, the incorporation of special training in rescuing people with disabilities must be initiated at the local level. Most first responders approach all search and rescue assignments with the same mindset–get the victims out as quickly as possible. While speed may be of the utmost importance in these situations, first responders must also be careful not to exacerbate the situation. This is especially true in rescuing people with disabilities. First responders need to understand the unique abilities and limitations associated with different disabilities. This knowledge must then be transferred into rescue training and actual rescue situations. For example, first responders are cautioned not to use the over-the-shoulder carry when rescuing a person who uses a wheelchair.[31] This carry can cause additional life-threatening injuries because of the health issues associated with the person's disability. Therefore, rescuers must practice multiple carrying techniques during training to be proficient in applying them during a rescue operation. In addition, first responders should attempt to rescue the victim's assistive technology, if at all possible. These assistive devices are often essential to the person's survival and will speed his or her recovery. Although rescuing these assistive devices should not take precedence over a human life, they should receive consideration when time and resources allow. The old adage "You will play the way you practice" holds true for rescue situations that do not allow the rescuer sufficient time to plan each step of the process.

The U.S. Fire Administration has developed a detailed guide, *Orientation Manual for First Responders on the Evacuation of People with Disabilities*, which should be incorporated into the standard operating procedures of local first responders. Although this guide is primarily aimed at evacuating people with disabilities, many of the concepts could be adapted for use in search and rescue operations.

Shelter Operations

The Americans with Disabilities Act mandates that accommodations, which include shelters, must be accessible. Shelters must also accommodate service animals and should provide multiple means for communication. Ideally, shelter staff should be trained to accommodate a wide variety of disabilities and medical needs. However, it appears that such training is not conducted routinely and that people with disabilities and those with medical conditions, as well as service animals, may be turned away from a general population shelter or sent to a special needs or medical shelter.

The National Organization on Disability (NOD) conducted a rapid survey of 18 shelters after Hurricane Katrina, supplemented with information from officials involved in response and sheltering efforts. Although two thirds of the shelters included questions regarding disability on their intake or registration paperwork, only minimal recognition of the disability occurred. Translating potential needs into available services lagged behind the intake identification. For example, only 30 percent of the shelters provided American Sign Language. Eighty percent did not provide TTY and 60 percent did not offer closed-captioned television. Although 56 percent posted written versions of oral announcements, people who were deaf or blind reported missing communications. Some shelters set up specific areas for communication, although such locations have been criticized as unnecessarily segregating people with disabilities.

Because of the rapid and chaotic evacuation of New Orleans, people with disabilities reported being separated from family members, who ended up in separate shelters. Disability organizations and schools worked to reunite families. One state school, for example, used its email and website capabilities to reunite families and opened the school as a shelter site for students and parents.

State officials reported that rescue efforts failed to include many pieces of durable medical equipment. Louisiana officials worked for six months, for example, to locate and reconnect expensive pieces of durable medical equipment with evacuees. Meanwhile, evacuees sent to shelters lost their independence because of the loss of their equipment; shelters scrambled to find temporary equipment that may not have fit the specific need; and shelters had to add staff to support individuals who had lost their equipment.

Response Recommendations

The ADA has opened doors for people with disabilities, resulting in more people with mobility, cognitive, sensory, or other limitations being out in the workplace and in public

facilities. Legal settlements, such as the one for Katie Savage v. Marshalls, mandate that people with disabilities be aided in safely evacuating from public facilities, when necessary. Considerations for the special needs of residents in nursing homes, transportation for those who lack personal vehicles, search and rescue procedures that aid people with disabilities, and shelters that can accommodate this population segment are all issues that must continue to be addressed with the help of the disability community and solutions put into practice by emergency management professionals. NCD offers the following recommendations:

- **Alternative warning systems** – Policymakers should address public funds earmarked for civil defense sirens and use some monies for alternative warning systems.
- **Improve the built environment** – Support policies on international codes that affect the built environment and create safer settings for everyone, regardless of ability. By seeing to it that the built environment better meets the needs of the most vulnerable populations, policymakers can create an environment that improves response and evacuation outcomes for all populations.
- **Specialized training for first responders** – Add specialized training for first responders on rescue techniques for people with disabilities as a requirement for certain types of Homeland Security grants.
- **Making shelters accessible** – Since many shelter operations use existing building structures, funding needs to be made available to ensure that retrofitting and other modifications can be made so that any barriers are removed to make the facility more accessible when it is used as a shelter. Funding could occur in conjunction with the recently passed American Recovery and Reinvestment Act.
- **Federal exercise evaluation** – Require a performance evaluation and assessment for all federal exercises and disaster responses as standard operating procedure for after-action reports on disability issues.

RECOVERY

Generally

The recovery time period is the least well researched phase in the emergency management life cycle. Coupled with a noted dearth of studies on people with disabilities, it is not surprising that only minimal efforts have been made to address disaster recovery for this population. A comprehensive research agenda must be generated to stimulate evidence-based practices, programs, and policies that can make a difference.

Technical reports, testimony, and other materials strongly suggest that the recovery phase is a problematic time for people with disabilities. Recovery planning is rarely conducted before a disaster in any jurisdiction, yet such planning can have great

benefits for identifying post-disaster disability concerns. If disability issues are integrated into recovery planning, tremendous forward progress can be made.

As Hurricane Katrina revealed, considerable post-disaster challenges exist for people with disabilities, including:

- Difficulty finding temporary accessible housing;
- Lack of insurance coverage for specialized disability needs;
- Gaps in Federal assistance; a loss of access to health care; and
- Disruption of caregiver networks upon which many rely

Housing Concerns

Perhaps surprisingly, housing is one of the least examined areas of recovery research, despite its importance. Lower income housing tends to take a disproportionate hit during a disaster because it is likely to be older and less likely to be up to code; located in a floodplain or other hazardous area; and less structurally able to withstand an event (such as manufactured housing). Thus, seniors and people with disabilities at lower incomes presumably bear a higher risk of displacement from their homes.

Public housing can be problematic when it has been affected, particularly locations that are approved through the Section 8 Housing Choice Voucher Program. Although HUD maintains lists of available units across the nation, those units may not be located nearby. In past disasters, HUD and local housing authorities have identified and verified appropriate locations for replacement rentals. After the California wildfires in 2007, HUD established a new National Housing Locator System. The system invited prospective landlords and property owners to list units. Approximately 26,000 units were identified within a 300-mile radius of San Diego County. The list included the ability to search for accessible units, although additional concerns remained, including proximity to work, family, health care, banking, pharmacies, and other routinely accessed sources of support.

In New Orleans, public housing units remain unavailable while they are being rebuilt by HUD and area housing authorities. Concern has been expressed by local residents that the new units, which will be in mixed-income ranges, will displace or deter lower income residents. Finding housing near vital support systems needed by people with disabilities, the elderly, and people with medical conditions is also of concern. For example, relocation 100 miles away from a familiar senior center or dialysis center will be problematic.

After Hurricane Katrina, FEMA failed to provide temporary trailers that were accessible. In *Brou v. FEMA* (the Department of Homeland Security was also named in the suit), successful plaintiffs argued in a class action discrimination suit that the federal agency had not provided accessible trailers (e.g., with wheelchair ramps, maneuvering room, or grab bars), resulting in a longer wait for temporary housing. As another example, housing advocates have noted in conference presentations that mitigation elevations

along the Gulf Coast displace people with mobility disabilities and senior citizens. Some organizations report that some of these people have been forced to choose congregate care over independent living.[32] *Brou v. FEMA* was one of several efforts by the disability community that have resulted in changes at FEMA when it comes to disaster response and recovery. In another example, FEMA is incorporating disability-specific ideas and language into its National Disaster Housing Strategy and Plan.

Disrupted Education for Children with Disabilities

In NCD's 2006 *The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges*[33] paper, NCD noted that Hurricane Katrina displaced approximately 247,000 students from Louisiana, 125,000 from Mississippi, and 3,000 from Alabama; additionally, Hurricane Rita displaced about 86,000 students from Texas' schools.[34] Over 200,000 school age children, 135,000 of whom are from Louisiana, have been rendered homeless because of Hurricanes Katrina and Rita.[35] Some estimates indicate that 12 percent of the displaced students have disabilities.[36] Advocacy, Inc., of Texas estimated that Hurricane Rita displaced about 2,200 children with disabilities under the age of five – many of those children will need early intervention services – and about 5,000 school-aged children with disabilities.[37] One of the most crucial challenges for disaster recovery efforts is to continue the education of student-evacuees while rebuilding educational services in the Gulf Coast.

"Attendance at a school becomes an oasis of normalcy" for children who were traumatized by the hurricanes' devastation.[38] However, after major disasters, many schools struggle to reopen for protracted periods of time. As a result, many student-evacuees integrate into new school systems. Nevertheless, the temporary nature of shelter or emergency housing has caused many students to be transferred from school to school numerous times.

For student-evacuees with disabilities, the transfer to other school systems has been particularly problematic. Some student-evacuees with disabilities were unable to register for school because they had not secured housing in the evacuation area and therefore could not provide documentation. However, the McKinney-Vento Homeless Assistance Act[39] allows students to attend school despite the lack of formal documentation. However, for many student-evacuees with disabilities who did not bring documentation about the nature of their disability or about their IEPs when they fled from the hurricanes, some schools denied them the provision of necessary special education services.[40]

The state of Alabama was an exception to this phenomenon. After Katrina, it decided to "take the parents at their word" and provided special education services to evacuees to the best of the schools' abilities, despite the lack of formal documentation.[41] Similarly, Fort Worth district officials temporarily waived documentation requirements. Several Texas school districts hired additional staff in anticipation of an influx of students with special needs, estimating that between 10 and 15 percent of student-evacuees would have some type of learning disability.[42] On a federal level, Congress and the President

jump-started various efforts to help children with disabilities return to school as quickly as possible, releasing millions in aid to help displaced children.

Financial Recovery

The financial impact on people with disabilities who endure disasters is unknown, but it seems axiomatic that for low-income households, which are more prevalent among people with disabilities, the impact is considerable. Hurricane Katrina, though not the typical disaster, illustrates a number of problems. Because people with disabilities were displaced and relocated throughout the country, accessing specific services—such as Medicare and Medicare Part D prescription coverage, veterans' benefits, Social Security checks, and Supplemental Security Income (SSI)—was difficult, if not impossible in some instances. People experienced disruption of work and personal life, often the types of activities that give a sense of stability during stressful periods. People also lost access to their bank accounts to which monthly checks were being sent. The widespread displacement across the country meant that local, familiar social service and health care providers were not available. Case managers could not find their clients. The impact and extent of the disruption is not known, but it is clear that the effects were profound.

Medical and Health Impacts

An example of the profundity of the disruption is seen in one survey among those with one or more chronic conditions. Of those surveyed, 21 percent cut back or terminated their health care.[43] Affected persons were usually elderly, uninsured, and/or isolated. Reasons for cutting back included the following: 41 percent lacked access to a physician; 33 percent could not afford or obtain medications; 29 percent had financial problems; and 23 percent lacked transportation to health care. The finding that these conditions affected seniors (disability prevalence increases dramatically with age) coincides with reports from caseworkers.

Other barriers to receiving health care and health problems for disaster victims include[44]:

- Loss of medication or medical devices
- Finding time to seek medical care
- Paying for medical care
- New health problems
- Worsening health problems

When the health care infrastructure is itself affected, barriers and poor health outcomes escalate. For instance, following Hurricane Katrina, several medical centers and hospitals were forced to close or underwent extensive staff losses. As a result, one study reported the following health concerns among adults in New Orleans two years after the storm:

- More than 4 in 10 adults reported worse access to health care.
- In Orleans Parish, one in four adults reported being uninsured.
- Seventy percent of the uninsured were black.
- More than 1 in 10 adults ranked their health as fair or poor.
- Four in 10 said they had been diagnosed with a chronic disease

Considerable disruption to medications and mental health services occurred as a result of Katrina as well as in other disasters. After Hurricanes Ike and Gustav, for example, people remained away from their homes, providers, and pharmacies, and missed out on medications for weeks at a time. Under these circumstances, significant health problems can manifest from withdrawal symptoms or disrupted medication routines.[45] Special needs shelters and other locations are increasingly addressing these concerns, but challenges remain at many shelter locations. Long-term studies of the consequences of these circumstances should be generated to better inform both policy and practice. Long-term and mobile outreach to affected, displaced populations needs to be further investigated.

A Holistic Approach to Recovery

With so many aspects of daily life profoundly affected in the aftermath of a disaster, recovering, rebuilding, and repairing damaged areas after a disaster requires a comprehensive plan, one that emphasizes a holistic mindset. A holistic approach promotes an understanding that—

- All parts of the community are interconnected. Homes connect to transportation routes that take people to work and back. Utilities supply power, water, and communication lines, the first two of which are critical for powering wheelchairs and refrigerating medications. Recovery planning requires that all parts of the community, including local residents, be considered and reconnected.
- Recovery must be sustainable, which means that recovery efforts should improve and protect local quality of life, economic opportunities, and environmental resources. Sustainable approaches require that social and intergenerational equity be incorporated into recovery. The best approach is a participatory process that brings people at risk into recovery efforts.

A holistic, sustainable recovery results in an improved environment for people with disabilities. Imagine the following possibilities when convening a recovery planning effort:

- Temporary housing is accessible and immediately available so that people with disabilities can reestablish household routines, assist their children with returning to school, go back to work, and begin rebuilding.
- Housing is not just rebuilt, it is rehabilitated communitywide to accessible levels through new codes and standards.

- Transportation routes are redesigned to provide wider pathways, auditory signaling systems at crosswalks, and Braille signage.
- Careful debris management reduces the overall effects of air pollution through proper burning and disposal. All workers are provided with protective equipment and monitored for a number of years thereafter.
- Recovery planning meetings involve people with disabilities as active participants. All public recovery meetings offer American Sign Language (ASL) interpreters, materials in Braille, and opportunities for people with cognitive disabilities to provide input as well.
- The rebuilt area features accessible sidewalks, businesses, recreational opportunities, and communitywide transportation options.
- New economic opportunities are recruited into the area to support people with disabilities. These opportunities may include grants to support new businesses, including social enterprises that support people with some kinds of cognitive or developmental disabilities.
- Geographic locations that have larger populations of people with disabilities (e.g., areas with senior care centers, state schools, assisted living facilities, naturally occurring retirement communities) get high priority for road clearance and utility restoration. Rebuilt utilities in these areas have top priority for underground placement of power lines (an expensive option but one that can save lives in an ice storm or other disaster).
- New mitigation efforts address risks experienced by people with disabilities. Mitigation measures that reduce those risks receive priority, such as bracing items that could fall and block exits from buildings, establishing new partnerships with organizations that support people with disabilities, designing preparedness materials that target those at risk, and providing insurance to those of limited means in high-risk areas.
- Workplaces incorporate features beyond the standard smoke alarm and first aid kit to include text and visual alert devices, evacuation devices, safety training, and buddy systems specifically for people with disabilities.
- The recovered community earns recognition as a place where all residents can return to living meaningful and productive lives at the same pace, regardless of disability.
- The burdens borne by people with disabilities in disaster (delays, lack of access, displacement) are reduced significantly before the next event.

To summarize, a holistic recovery is consistent with the livable community principles listed on the NCD website[46]:

"Congress should adopt the principles embodied in Livable Communities to guide the provision of reconstruction funds, promoting a Gulf Coast that includes:

- Affordable, appropriate, accessible housing
- Accessible, affordable, reliable, safe transportation
- Physical environments adjusted for inclusiveness and accessibility
- Work, volunteer, and education opportunities
- Access to key health and support services
- Access to civic, cultural, social, and recreational activities."

Recovery Recommendations

Further, NCD makes the following policy recommendations:

- **Individual Assistance program** – The Individual Assistance program needs to specify that assistive devices and durable medical equipment can be included as qualified items. Specific examples of items that qualify should be included.
- **National health care disasters strategy** – Encourage the development of a national health care disaster strategy to provide long-term care (i.e., multiple years that span recovery) for individuals at low income levels.
- **Accessible housing** – All interim or permanent housing that is built or rebuilt/reconstructed should meet at least minimal accessibility requirements. Using universal design concepts when rebuilding communities benefits the general public as well as people with disabilities.
- **Accessible housing** – Financial or other assistance provided to individuals for disaster housing should include supplements to the standard housing assistance and support and funding for accommodations and retrofitting. This assistance may include SBA loans, FEMA grants, and USDA and HUD funding streams.
- **Rebuilt infrastructure** – Require that redesigned or rebuilt infrastructure offer more accessible features, such as wider pathways, auditory signaling systems, and tactile signage.
- **Continuity of federal benefits programs** – Develop federal mandates that programs such as Unemployment Insurance (UI), Disaster Individual Assistance (DIA), and Temporary Assistance to Needy Families (TANF) as well as those administered at the state level have strong emergency plans and continuity of operations plans in place.

MITIGATION

Generally

Mitigation efforts represent the single best strategy to reduce the impacts of disasters. Mitigation reduces the risk that new disabilities will be created during disasters and enhances the survivability of those who currently have disabilities. Despite its powerful affect on outcomes following disasters, mitigation efforts appear to be minimal at best across the nation. Where they do exist, they often fail to address the needs of people

with disabilities. Efforts to redress this situation require the involvement of voluntary organizations to encourage the mitigation of risk at the household level, as well as federal mandates to involve people with disabilities in mitigation planning, revision of guidance documents to increase accessibility in safe rooms, and funding to provide disability-specific mitigation measures.

Nonstructural Mitigation

Like everyone else, people with disabilities practice nonstructural mitigation when they acquire and follow checklists, create an emergency preparedness bag, and ensure that they have prepared for disaster to the best of their ability. However, there are a number of ways in which standard mitigation measures may not offer equal benefit to people with disabilities. For instance, although insurance is a commonly recommended nonstructural mitigation measure, given the lower income level of many seniors and some people with disabilities, buying enough insurance to cover all losses may not be possible. Further, insurance providers may require additional premiums for replacement of specific items, including specialized wheelchairs, TTYs, or other necessary equipment.

Structural Mitigation

Structural mitigation occurs in the built environment. When the built environment is compromised in a disaster, it can block exits. Furniture may become an obstacle to negotiate or walls may shift, leaving exit doors difficult to open. The cables, insulation, and air-handling ducts normally hidden above the ceiling tiles may fall to the floor or remain partially suspended. These unanticipated obstacles greatly affect the ability of people with disabilities to safely exit the structure. Simple measures to secure freestanding furniture, cupboards, bookcases, and similar items can reduce the potential for injury and increase the potential for escape. Alternate escape plans must be developed and practiced to mitigate the effect of hurdles created when items fall and block egress.

In the workplace, individuals are protected from the effects of hazards, such as fire, by alarm systems. And while employers with alarm systems are required to have visual and audible alarms to ensure that everyone is alerted to the emergency,[47] these mitigation measures are only helpful for people with disabilities if the accessibility requirements are enforced.

Mitigation Planning

There are several possible points of intervention in the FEMA mitigation planning series that would heighten involvement of people with disabilities. Doing so would raise issues of concern, increase awareness, and build useful partnerships. Currently, the mitigation planning guides do not offer specific ideas for including or reaching out to people with disabilities. For example—

- Surveys and other tools could be used to assess the knowledge of specific groups, including people with disabilities, workplaces that employ people with disabilities, and organizations that provide support to this population. This task also identifies available resources that can be tapped, particularly employers and organizations. By surveying community members and those who link to people with disabilities, it is possible to identify barriers to mitigation planning within the disability community.
- Identify a mitigation "champion," recruited from within the disability community, providing a conduit and an advocate for information, insights, and communication both to and from people with disabilities.
- Specifically mention the disability community amongst the stakeholders for the planning team.
- Public engagement and community education must be open and accessible to all people. Locations for meetings must be required to be accessible and offer, for example, sign language interpretation and Braille materials. The guide recommends the use of instruments to gather information, such as questionnaires, but does not acknowledge a need for alternative formats. The public education campaign plan must include suggestions about making outreach materials accessible.
- Development of mission and vision statements must introduce a broadly inclusive consideration of all affected, including low-income, senior, and disability sectors of the community.

Additional FEMA guides elaborate on other elements of the mitigation planning effort, such as loss estimation, historical preservation, implementation, and assessment. Two strategies might be considered in future revisions of these documents: (1) integration of the suggestions listed above, and (2) creation of a stand-alone guide that provides specific means for including and reaching out to the disability community.

Mitigation Recommendations

Avoiding disasters is preferable to responding to or recovering from them. Mitigation measures and planning that ensures the provision of a safer and better built environment for people with disabilities serves the entire population. Therefore, NCD recommends:

- **Accessible mitigation materials** – Upgrade the FEMA mitigation video series to current technologies and formats, such as downloadable videos. Expand the coverage beyond medical facilities to include congregate care facilities, schools, retirement communities, public housing, and individual housing. Specifically address the value of mitigation activities and measures with and for people with disabilities.
- **Mitigation planning** – Encourage FEMA review of local mitigation plans to assess them for the involvement of and impact on people with disabilities.

- **Tax incentives** – Provide tax incentives for businesses that provide accessible points of egress and for individuals who implement mitigation strategies in their homes.
- **Funding** – Support and fund long-term mitigation planning and community and state mitigation projects.
- **Renovations and new construction** – As schools are built, renovated, or substantially redesigned, require that the envelope be hardened according to the probable hazard (e.g. hurricane, tornado, ice storm, or earthquake) and that other measures be added to enable the facility to be used by the community as an accessible shelter. This includes matters involving power supply, the ability to hook up laundry equipment, and more restrooms.

CONCLUSION

Successfully addressing the needs of people with disabilities in times of disaster requires deliberate and thorough preparations that must include input in all disaster phase planning from people with disabilities. As self-advocating experts, people with disabilities offer invaluable knowledge of existing and potential barriers as well as creative and personal experience in overcoming them. Further, inclusion of people with disabilities throughout emergency phase planning promotes personal preemptive actions and enhances the credibility of emergency management personnel in times of actual emergency.

As mentioned at the start of the testimony, anyone at anytime can acquire a disability, particularly during emergencies. Furthermore, the challenges faced by persons with disabilities, seniors, and residents of low-income households in disaster-threat situations often demonstrate considerable overlap. People with disabilities should not be viewed as one more special interest group that drains resources from the common pool. Planning for and accommodating this large group often means being better equipped to serve all people.

On behalf of the Members of NCD, thank you again for the opportunity to contribute this testimony to the record.

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Subcommittee on Economic Development, Public Buildings,
and Emergency Management

Transportation and Infrastructure Committee

U.S. House of Representatives

Follow-Up Questions and Responses to the Hearing Entitled:

"Looking out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and other Major Disasters"
Tuesday, October 20, 2009
2167 Rayburn House Office Building
2:00 P.M.

Please share some of the examples cited in your report *Effective Emergency Management* with respect to effective community preparedness.

- After the 1993 World Trade Center bombing, at the suggestion of the local emergency management office, the Associated Blind (a local service provider for low- and no-vision clients) worked with the New York City Fire Department to develop a building evacuation plan and drill for its staff, most of whom have limited or no vision. The Associated Blind wanted a plan for staff members that covered the range of problems that could occur during a disaster. On September 11, 2001, their efforts paid off. The entire staff calmly and safely evacuated the building's ninth floor, a success they attribute directly to customized advance planning and drills.

- Jim Davis, the emergency management coordinator in Pittsylvania County, Virginia, worked to increase the safety of people with hearing disabilities. Davis first worked with a local college to obtain a $5,000 grant to buy radios and then engineered them to vibrate pillows as a warning mechanism. As a result of his efforts, local citizens who were deaf requested additional training. To respond to their request, Davis provided community emergency response training (CERT) with sign language interpretation. For his efforts, Davis received the 2007 Clive Award at the National Hurricane Conference

- *OK-WARN for the Deaf and Hard-of-Hearing* – (http://www.ok.gov/OEM/Programs_&_Services/Preparedness/OK-Warn_for_the_Deaf_and_Hard-of-Hearing/index.html) This program offers a method for people with hearing disabilities to receive notification of weather-related hazards in Oklahoma. Warning notifications are sent via alphanumeric pagers and emailed to everyone listed in the database. Each person can choose the type of warnings he or she wishes to receive. People can also limit their notifications to selected counties within the state.

- To better serve people with vision impairment, the Massachusetts Emergency Management Agency (MEMA) partnered with community services for the blind to develop CDs that contain the same emergency information provided on its website. These CDs were distributed to public libraries and throughout the community. They "describe procedures for sheltering-in-place, evacuation, mass care shelters, the Emergency Alert System, pet safety, and special needs information".

- *Emergency Planning and Special Needs Populations (G197)* - The U.S. Fire Administration developed this course to increase the skill and knowledge of emergency planners with respect to the needs of people with disabilities. This course aims to educate any group that is responsible for the safety of people with disabilities. This includes first responders, nonprofit organizations, community service organizations, and health care providers. The information contained in this course could also benefit those who develop emergency plans as a profession.

- The WGBH National Center for Accessible Media (NCAM), a division of Boston's public broadcaster WGBH, "is uniting emergency alert providers, local information resources, telecommunications industry and public broadcasting representatives, and consumers in a collaborative effort to research and disseminate approaches to make emergency warnings accessible. This project, funded by the Department of Commerce's Technology Opportunities Program (TOP), is addressing a most urgent need—"the one to develop and encourage adoption of standardized methods, systems and services to identify, filter and present content in ways that are meaningful to people with disabilities leading up to, during, and after emergencies" (http://ncam.wgbh.org/news/pr_20050915.html

To the best of your knowledge are persons with disabilities of all types being included to the level they should be to make emergency planning successful?

No. While a number of resources provide recommendations for including and working with people with disabilities in emergency planning, there is very little evidence that these recommendations have been implemented or evaluated. In recent years, Congress and the White House have demanded that people with disabilities be afforded the same consideration during emergency planning as all other individuals. Although some improvement in this area is evident, catastrophic events, such as Hurricane Katrina and the California wildfires, exposed the gaps that still exist in many emergency plans and preparedness efforts. These events reinforce the need for additional action to protect the lives of people with disabilities against disasters.

In your opinion why is a regional disability coordinator vital to successful planning and execution?

Effective emergency management requires leadership and collaboration within and across federal, state, local and tribal governments. For leadership and collaboration to be successful, there must be: (a) an emergency management infrastructure with

requisite knowledge and capacity as it relates to people with disabilities, and (b) a cadre of personnel with training and expertise to complete a range of disaster management tasks. Based on its most recent research, NCD is not aware of the existence of such a knowledge base, infrastructure capacity and personnel at the federal or regional level. NCD is also not aware of any federal agency plan to timely build the necessary 'disability' capacity within and across the 10 FEMA Regions. In the absence of a plan to install capacity within FEMA, and its 10 Regions, a FEMA Regional Disability Coordinator is a critical and currently missing source of disaster management leadership and expertise that links federal, state, local and tribal levels of government.

Section 513 of H.R. 5441, the Post Katrina Emergency Management Reform Act (PKEMRA) lays out 11 broad duties and responsibilities for a National Disability Coordinator (NDC) at FEMA. FEMA has not provided the NDC with staffing at either the national or regional level. In effect, then, one person as NDC is responsible for creating and implementing the essential tasks included in Section 513. This requires that the NDC interact with a range of federal, state, local and tribal governmental offices and community-based groups, incorporate the needs of individuals with disabilities into national preparedness systems, and ensure accessible transportation for individuals in the event of an evacuation, among other critical tasks. This is an unrealistic expectation for any single individual.

A Regional Disability Coordinator (RDC) position within each of the ten FEMA Regions could effectively expand and support the work of the FEMA National Disability Coordinator, both in implementing disaster management activities with various levels of governments and with community-based groups and in coordinating planning, response and recovery activities. A FEMA RDC could provide a link between state and federal networks and could also expand his or her work to local and tribal governments, thus ensuring a level of coordination and collaboration with expertise that is currently not available. Additionally, given the number of open disasters at any particular time, response coordination responsibilities present a significant drain on the time and resources of the FEMA NDC. An RDC in every FEMA Regional Office also could multiply FEMA personnel available to be present in Joint Field Offices to coordinate and support outreach to victims with disabilities when disaster strikes.

In reporting to their specific regions, each RDC could partner with their Regional FEMA Administrator to infuse current operational plans with strategies specific to the needs of individuals with disabilities in times of emergencies. Through this partnership, they could also craft any additional plans necessary to address potential gaps in services for individuals with disabilities. Furthermore, the RDCs could engage regional FEMA divisions and state and local authorities to ensure a coordinated and comprehensive effort to support individuals with disabilities in times of emergencies.

To best incorporate the needs of individuals with disabilities in emergency management, the ten RDCs could work directly with direct care and advocacy agencies, both public and private. To do so, the Coordinator could partner with area organizations such as independent living centers, statewide independent living councils, developmental

disability councils, affiliates of national disability organizations, and state disability coalitions to better understand the specific barriers and challenges individuals with disabilities face during an emergency. The Coordinators could then utilize this information to develop training materials in collaboration with such agencies, ensuring that the materials are developed in accessible formats.

Each of the ten FEMA regions employs several hundred Disaster Assistance Employees (DAEs) in addition to those maintained at the national level. A FEMA RDC could train all regional DAEs on general disability sensitivity and disability issues that arise within their specializations, which include communication, transportation, housing, and medical services. RDCs could also hire DAEs to be deployed as Disability Specialists during regional emergencies. Finally, RDCs could seek out and hire DAEs with disabilities and ensure that accommodations are readily provided to ensure these DAEs ability to fully perform their duties.

In your statement, you list places where disabled citizens eat, work, worship, recreate, and socialize and how to get information to them there. What about adding places where people shop – drugstores, supermarkets?

The list of suggested avenues of distribution for disaster-related education programs provided in NCD's written testimony and in its Effective Emergency Management report is certainly non-exhaustive. Drugstores and supermarkets also represent valuable venues for information distribution. However, as lifestyles and shopping habits vary across populations, ensuring that such information is available in a wide variety of locations is essential. Likewise, it is imperative that all materials be developed and distributed in a manner which ensures accessibility in format and content for all people, regardless of disability.

Did you or your organization participate in preparing the *Comprehensive Preparedness Guide 301: Special Needs Planning?*

NCD played a small role when CPG 301 was first worked on, for which NCD ensured it gave FEMA / DHS credit (which was noted in one of the Government Accountability Office's reports). However, since the interim guidance was issued last summer, NCD's involvement has been limited to routinely exchanging information with FEMA and Civil Rights and Civil Liberties (CRCL) staff to be kept apprised of where the CPG 301 is in process.

You emphasize that for extending warnings the importance of using people who are as similar to the target population as possible. What are your recommendations as to how to achieve this in small and remote communities?

The similarity and familiarity of messengers to message recipients play an important role in maximizing the effectiveness of disseminating warnings to individuals in any location, including small and remote communities. To facilitate this, it is imperative that emergency management professionals focus attention on relationship-building with

nonprofits that service the needs of people with disabilities in a particular community. Although remote and small communities may present some unique challenges to readily identifying and accessing members of the disability community, there exist some existing built-in partners that may assist in these efforts.

Centers for Independent Living (CILs) represent an example of a ready-made network of disability organizations across the country, servicing many small and remote areas as well as large and densely populated ones. CILs are grassroots, advocacy organizations run by and for people with disabilities that provide individual and systems advocacy, information and referral, peer support, and independent living skills training. There is at least one CIL in every Congressional district across the country. CILs that service the needs of people with disabilities in rural America are members of the Association of Programs for Rural Independent Living (APRIL).

By partnering with disability organizations run by and familiar to people with disabilities to involve people with disabilities in all stages of disaster planning, emergency management professionals can build their credibility tremendously amongst a remote or small community's disability population. Partnering organizations, such as CILs, could not only assist in helping to identify individuals with disabilities to take part in all phases of disaster planning, they also represent potential credible messengers for the development and use of Public Service Announcements (PSAs) and warning messages.

You also mention that the individual assistance program within FEMA needs to address "assistive devices and durable medical equipment". What is the difference between these two terms? How are these devices and equipment treated now?

An assistive device is typically a device designed to assist people in performing activities of daily living, such as walking, eating, bathing, and dressing. Examples include items that provide support or help a person with a mobility disability to be mobile, like a walker, or to complete tasks, such as a dressing stick or shower chair. Durable medical equipment (DME) is equipment that serves a medical purpose that is reused on a regular basis, is generally not useful for a person in the absence of illness or disability, is suitable for use within the home, and is often prescribed by a physician. Examples of DME may include items that can also be classed as assistive devices, such as hearing aids, low vision aids, etc., and may also include items such as portable oxygen equipment, hospital beds, catheters, and wheelchairs (manual and electric). In addition to DME and assistive devices, some people with disabilities utilize service animals, which are animals specially trained to provide specific support to a person with a disability.

People with disabilities often face separation from important durable medical equipment (DME), assistive devices, and service animals through the course of a disaster. Emergency responders often evacuate people with disabilities without consideration of evacuating vital assistive technology or custom-fit assistive devices, and medical

equipment vital to the individual's survival or independence. The individuals who do evacuate with these items are often later separated from them in order to access general population shelters. Such shelters may be inaccessible to some DME and/or are unaware of their legal responsibility to accept and accommodate persons using service animals. These separations often create heavy reliance on emergency assets, minimize or prevent an individual from being independent, and slow post-event recovery.

Individual financial assistance was established under Sec. 408 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (The Stafford Act)[1] to provide grants and funds for rental housing, reconstruction, temporary repairs, and other needed assistance. Sec. 408 specifies that individuals can access financial assistance for disaster-related medical, dental, and funeral expenses (Sec. 408(e)(1)) and/or personal property, transportation, and other "necessary expenses or serious needs resulting from the disaster" (Sec. 408(e)(2)). On its website, FEMA explains these provisions this way: "Money is available for necessary expenses and serious needs *caused by* the disaster. This includes: disaster-related medical and dental costs;...Other necessary expenses or serious needs as determined by FEMA; Other expenses that are authorized by law" (emphasis added).[2]

While individuals who acquired their disabilities and thus medical and "other serious needs" due to the disaster may easily find themselves covered within such language, the causal and ambiguous word choice without reference to examples may have the unintended consequence of discouraging applications for replacement DME, assistive devices, and service animals for those whose use of such items predated the disaster. The word choice may also translate into confusion or delay for those tasked with processing the applications against the eligibility criteria.

To remedy this ambiguity, lawmakers might consider the addition of the phrases "items related to the independence of persons with disabilities" and "replacement expenses" to Sec. 408(e)(2) - "...to address personal property, transportation, *items related to the independence of persons with disabilities*, and other necessary expenses, *including replacement expenses,* or other serious needs resulting from the major disaster." Following these changes, it would be imperative that an accurate explanation of that provision follow in FEMA's disaster assistance literature, including direct mention of DME, assistive devices, and service animals, with specific examples of items that qualify, so that there can be no question in the mind of the applicant or the application processer that these items are eligible for Individual Assistance.

NCD further recommends that the FEMA registration / intake process for Individual Assistance include questions about disability needs. Individual Assistance applications for people with disabilities should be flagged for immediate follow-up and contact by an employee with expertise with disability needs to ensure that the application for

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[1] 42 U.S.C. 5174.
[2] Federal Emergency Management Agency, http://www.fema.gov/assistance/process/assistance.shtm, accessed November 16, 2009.

assistance has been completed and understood to ensure prompt and thorough assistance.

Please explain what you mean by non-structural mitigation and how this can help disabled persons.

Non-structural mitigation involves activities and decision making systems which provide the context within which disaster management and planning operates and is organized. Non-structural mitigation is most commonly used to refer to policies and practices, including land-use policies, zoning, crop diversification, building codes, and procedures for forecasting and warning. In a broader context, non-structural mitigation includes measures such as: training and education; public education; evacuation planning; institution building; and, warning systems.

NCD's recent research report "Effective Emergency Management" describes a host of activities and promising practices, some of which were introduced in the preparedness Chapter 2. Some researchers argue that information is often the most valuable resource for effective mitigation. As individuals implement the actions suggested in the preparedness literature, they are mitigating the impact of future disasters. The simple task of developing an emergency preparedness bag can mitigate the effects of loss of medications, assistive devices, communications, and related resources.

Insurance is another nonstructural mitigation measure that can be used (with limits, depending on provider coverage) to replace lost items, from assistive devices to critical medical equipment to accessible housing. In addition, public education programs reduce risk by informing and motivating individual as well as collective preparedness. For example, the Alabama Chemical Stockpile Emergency Preparedness Program (CSEPP) was developed to mitigate the potential impact of a hazardous chemical release on the people living near the facility, where well over 1,000 individuals participated in a special needs registry (including people with medical and transportation needs as well as those who required specialized equipment). Although evacuation of the area was the first line of defense against human exposure, a second option—sheltering in place—became the focus of this program. Residents in the immediate response zone (those closest to the facility) were given the following:

1. Respiratory protection equipment that would provide limited protection while evacuating or sheltering in place.
2. Portable room air cleaners that used charcoal filters to remove the chemical weapons agent from the safe room.
3. Tone-alert radios designed to provide hazard notification and protective measures advice.
4. Shelter-in-place kits to reduce the infiltration of potentially contaminated air into the safe room.

The unique thing about the CSEPP is that planners considered the needs of people with disabilities. They realized that some people might encounter difficulties setting up the

portable room air cleaner or establishing their safe room. Consequently, adjustments were made that enhanced the effectiveness of these mitigation activities for people with disabilities. One of these adjustments was the substitution of painters tape instead of the duct tape normally included in the shelter-in-place kit, after Argonne National Laboratory concluded that "painters tape...[was] more user friendly and provided a level of in-leakage protection at least equal to conventional duct tape and plastic." Furthermore, trainers went to the homes of those at risk to set up protective devices and provide in-home training for both individuals and support persons. An extensive effort was put forth to establish a registry of persons who would require assistance in the event of an accident.

What do you recommend for inclusion in the FEMA mitigation program?

Two of the major policy and program gaps that NCD has identified through NCD's research that are directly on point are: (a) there is a lack of involvement of people with disabilities in local planning throughout all phases of the life cycle of an emergency, and (b) there is a lack of available resources to local communities to address the emergency concerns of the local community affecting all people and especially those with disabilities.

NCD's recommendation to address these gaps and related issues regarding the program is three-fold. First, we would suggest that Federal grant requirements and federal grant incentives be established and/or used to ensure the direct involvement of people with disabilities in state, local and tribal funding proposals to FEMA and DHS particularly for grant programs and priorities that emphasize mitigation and recovery disaster cycles. Under such an approach, judging of state and local funding proposals would necessitate establishing benchmark and evaluation criteria that demonstrate the inclusion of, and address the needs of, people with disabilities.

Second, establish a national clearinghouse for disabilities and disasters where information (e.g., promising practices, evidence-based practices) can be organized and archived into easily retrievable and accessible formats for individuals and organizations. Information should be organized into sections on preparedness, response, recovery, and mitigation. A federal agency should be tasked with routinely updating and disseminating content, including guidance materials, technical reports, and empirical research. Such a clearinghouse needs to provide information in multiple types of accessible formats. Include the International Association of Emergency Managers (IAEM) Special Needs Committee in an advisory capacity in this endeavor.

Third, FEMA should develop specific mitigation planning and risk assessment tools for use by governments that are designed to highlight a municipality's special needs population profile. Currently, few hazard mitigation analyses and risk assessments include a view of a community's vulnerability through a vital set of criteria such as: population size, demographics, and/or density. As a result, too often there is a predictable and perennial shortage between resources for emergency response by general population shelters and persons with functional supports and service needs needs, or there is a disconnect between accessible vehicles for transportation-

disadvantaged populations and persons with special needs. Therefore, it is critically important that specific attention be given to comprehensively identifying those members of a community who have special needs prior to a disaster event. Failure to do so often leaves this group at a distinct disadvantage, perhaps even disenfranchises them from the broad community response effort within a general population shelter.

Planning seems to be the key to successful mitigation and recovery. How would you assess the planning process today? What recommendation would you make for that process?

To improve the planning process today, the mitigation planning regulation at 44 CFR Part 201 should include language that requires that local and state risk assessments and mitigation plans will include specific information about all special needs populations within the relevant jurisdiction.

Hazard mitigation is any action that reduces the destructive and disruptive effects of future disasters. Mitigation efforts generally offer the best and most cost-effective methods of addressing the impacts associated with disasters.
To support better mitigation planning for future disasters, Congress enacted the Disaster Mitigation Act (DMA) of 2000, P.L. 106-390. The DMA demonstrated the desire and expectation of the U.S. Congress that states and communities become more proactive in reducing the long-term impacts of disasters. Prior to the passage of the DMA of 2000, only half of the states in the U.S. mentioned natural hazards and disaster loss reductions in local plans. In addition, only 11 states mandated pre-disaster or post-disaster assessments as a part of a comprehensive plan.

Section 322 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), 42 U.S.C. 5165, as amended by the Disaster Mitigation Act of 2000 (DMA) (P.L. 106-390), provides for States, Tribes, and local governments to undertake a risk-based approach to reducing risks to natural hazards through mitigation planning.

FEMA is the lead agency supporting implementation of the DMA requirements and makes funds available to support efforts to meet these requirements. In 2002, FEMA issued regulations and guidelines to implement the DMA 2000 requirements for mitigation planning by states and communities. To be eligible for FEMA funds, state and local entities are required to prepare DMA 2000 Hazard Mitigation Plans for natural hazards. Both structural and non-structural measures may comprise such plans. The plans require vulnerability assessments and modeling tools are available to support this work.

FEMA has implemented the various hazard mitigation planning provisions through regulations at 44 CFR Part 201. These reflect the need for States, Tribal, and local governments to closely coordinate mitigation planning and implementation efforts, and describes the requirement for a State Mitigation Plan as a condition of pre- and post-disaster assistance, as well as the mitigation plan requirement for local and Tribal governments as a condition of receiving FEMA hazard mitigation assistance.

The regulations governing the mitigation planning requirements for local mitigation plans are published under 44 CFR §201.6. Under 44 CFR §201.6, local governments must have a FEMA-approved Local Mitigation Plan in order to apply for and/or receive project grants under the following hazard mitigation assistance programs: Hazard Mitigation Grant Program (HMGP); Pre-Disaster Mitigation (PDM); Flood Mitigation Assistance (FMA); and, Severe Repetitive Loss (SRL).

More specifically, the 44 C.F.R. §201.6(c)(2)(ii) requirement for local mitigation plans indicates that:

> "The risk assessment shall include a description of the jurisdiction's vulnerability to the hazards described in paragraph (c)(2)(i) of this section. This description shall include an overall summary of each hazard and its impact on the community.
>
> An overview of the community's vulnerability assessment is a summary of the hazard's impact to the community's vulnerable structures. This summary shall include, by type of hazard, a general description of the types of structures (e.g., buildings, infrastructure, and critical facilities) affected by the hazard.
>
> The overview shall also include a general description of the extent of the hazard's impact to the vulnerable structures. This information can be presented in terms of dollar value or percentages of damage. The Plan *should* note any data limitations and identify and include in the mitigation strategy actions for obtaining the data necessary to complete and improve future vulnerability assessments." [FEMA, July 2008; See, http://www.fema.gov/library/viewRecord.do?id=3336]

However, the mitigation planning regulation at 44 CFR Part 201 does not require a discussion about facilities that house special populations at risk, such as people who are elderly, people wih disabilities, children, or others with special needs. Additionally, a cursory review of some municipalities' mitigation plans and risk assessments reveals a general absence of demographic data and information regarding unique community and/or individual special needs circumstances. Furthermore, feedback from the field, indicates that those "who have been given the lead on ESF6 issues, County Emergency management and others are unable to identify populations (e.g., special needs) that would need very specific additional assistance."

To reiterate, NCD recommends that to improve the planning process today, the mitigation planning regulation at 44 CFR Part 201 should include language that requires that local and state risk assessments and mitigation plans will include specific information about all special needs populations within the relevant jurisdiction.

What change, if any, would you recommend for the Stafford Act to help the agency be more nimble and effective in its response to persons with special needs?

Mitigation efforts represent the single best strategy to reduce the impacts of disasters. However, research reveals that mitigation efforts appear to be minimal at best in communities across the nation, particularly with respect to persons with special needs. Efforts to redress this situation require the involvement of voluntary organizations to mitigate risk at the household level, as well as federal mandates to involve people with disabilities in mitigation planning, revision of guidance documents for use by the public and private sectors, and funding to provide disability-specific mitigation measures.

During a disaster, both human and material resources need to be mobilized quickly. The responses to hurricanes Katrina, Rita, Ike, and Gustav demonstrated that local organizations are well positioned to act quickly and often are the initial responders to a disaster. Staff and volunteers associated with local NGOs were involved immediately with response activities, such as evacuation and basic needs assistance, but they faced difficulties in meeting these constituent needs over the long term due to financing and poor coordination.

Currently, the Stafford Act allows a state to contract with companies for services such as debris removal prior to an event. Other than the American Red Cross for some shelter services, however, there is no provision to allow the government to contract with NGOs for services related to human recovery. Established contracts between the federal government and local NGOs are one possible mitigation mechanism for pre-positioning needed resources, services and supports. Having these contracts in place could encourage a more efficient, timely, and coordinated local response. Many of the NGOs belong to a national coalition of nonprofit organizations that respond to disasters as part of their overall mission (e.g., Baptist Family and Children's Services). In lieu of preparing individual organizational contracts, the federal government could consider contracting with the national or state NGO for nongovernmental support or with some of the umbrella nonprofit organizations.

Recovery from disasters is not simply the restoration of roads and buildings, but a long process of restoring individual and community functioning. Human recovery goes beyond infrastructure recovery to include restoring the social and daily routines and support networks that foster physical and mental health and promote well-being. NCD's recent research into the disaster recovery experiences of people with disabilities specifically reflects: problems with securing accessible temporary housing; failure of insurance to cover disability-specific needs and gaps in federal assistance; loss of access to health care; disruption to caregiver networks; and ineffective or nonexistent case management, all of which undermine the abilities of people with disabilities to recover in the short-term and long-term.

Furthermore, emergency managers and non-governmental organizations (NGOs) often work side by side in a disaster context to provide relief and recovery assistance. Yet

these same key resources often remain distant from people with disabilities and disability organizations. Although we know that NGOs deliver services to support human recovery after disasters have ended there is no system of services or operating plan to support human recovery. Current federal and state guidance lacks a focus on human recovery, offers virtually no protocols on how to implement human recovery (particularly for those who have the fewest resources predisaster), and provides little support for long-term case management. Further, NGO roles have not been formalized or integrated into local and state planning and recovery efforts. In addition, there is limited guidance on how to implement human recovery plans. Despite ESF and NIMS provisions that articulate the need for health-related services to support human recovery (e.g., ESF-6 focuses on mass care and ESF-14 on long-term recovery), there is a lack of clarity in terms of how to operationalize this guidance, and there is no standard alignment of resources with these functions.

NCD's recommendation for change to the Stafford Act to help the agency (FEMA) be more nimble is to develop a mitigation-oriented and recovery-specific service system and operating plan to guide human recovery and integrate NGO roles and responsibilities into relevant federal policies and guidance such as the National Incident Management System (NIMS) and the Stafford Act as an important first step to formalizing NGO involvement. This would involve several steps. First, there is a need to establish clear federal guidance or templates outlining how NGOs should be involved in the plans for human recovery via ESF-6 and ESF-14 and supported by the Stafford Act. Second, there is a need to address the area of case management. One of the key roles and responsibilities NGOs provide is case management. Case management, as defined by the Stafford Act, is for "services, to victims of major disasters to identify and address unmet needs" (42 U.S.C. 5189d § 426, Case Management Services). Expanding the definition of case management to include direct services may help address short-term and long-term recovery needs by ensuring their consistent coverage. The Stafford Act could also include provisions for an NGO capacity assessment for human services, directions for state and local governments to integrate NGOs into planning and service delivery, and guidance for how to publicly fund the designated services.

How can mitigation be used to reduce risks to those persons with special needs?

Section 322 of the Disaster Mitigation Act of 2000 requires mitigation planning at the local level before receipt of Hazard Mitigation Grant Program (HMGP) funds. To assist locals with mitigation planning, FEMA has introduced a series of mitigation planning guides over the past few years (FEMA 2002). In FEMA 386-1 *Getting Started: Building Support for Mitigation Planning*, FEMA outlined three steps to launch the mitigation planning process. Step 1 recommends that local planners assess community support to see if the community is ready to initiate mitigation planning. Step 2 creates the planning team and obtains official support and recognition for the effort. In Step 3, the public is engaged and a public education campaign is created. Throughout the mitigation planning series, FEMA recommends that the team, outreach efforts, and educational campaigns be inclusive.

There are several possible points of intervention in the FEMA mitigation planning series that would heighten involvement of people with disabilities. Doing so would raise issues of concern, increase awareness, and build useful partnerships. Currently, the mitigation planning guides do not offer specific ideas for including or reaching out to people with disabilities. For example—

- Task B of Step 1 determines whether the community is ready to begin the planning process. That effort taps into how much citizens know about hazards in their community. Surveys and other tools could be used to assess the knowledge of specific groups, including people with disabilities, workplaces that employ people with disabilities, and organizations that provide support to this population. This task also identifies available resources that can be tapped, particularly employers and organizations.
- Task C of Step 1 addresses barriers to knowledge, support, and resources, including interest levels and funding. By surveying community members and those who link to people with disabilities, it is possible to identify barriers to mitigation planning within the disability community.
- The final part of Step 1 encourages the identification of a mitigation "champion." This person could be recruited from within the disability community, providing a conduit and an advocate for information, insights, and communication both to and from people with disabilities.
- In Step 2, a planning team is assembled. Stakeholders are generally identified (pages 2-4 to 2-5), but the disability community is not specifically mentioned here. A checklist (Worksheet #1) does not include any representatives from disability agencies or organizations.
- In Step 3, the public is engaged and a community education effort is launched. Step 3 is thus the next most important dimension of mitigation planning that must be influenced. Broad-based engagement that is open and accessible to all must be made possible. This section should require that locations for meetings be accessible and offer, for example, sign language interpretation and Braille materials. The guide recommends the use of instruments to gather information, such as questionnaires, but does not acknowledge a need for alternative formats. The public education campaign relies on news media, written materials, outreach activities, and the Internet. This section of the plan does not include suggestions about making outreach materials accessible. A simple checklist could be inserted to assist planners.
- In Step 2, mission and vision statements are developed. This effort provides an opportunity to introduce a broadly inclusive consideration of all affected, including low-income, senior, and disability sectors of the community.

Additional guides elaborate on other elements of the mitigation planning effort, such as loss estimation, historical preservation, implementation, and assessment. Two strategies might be considered in future revisions of these documents: (1) integration of the suggestions listed above, and (2) creation of a stand-alone guide that provides specific means for including and reaching out to vulnerable populations, for example, people with disabilities.

UNITED STATES HOUSE OF REPRESENTATIVES

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE

SUBCOMMITTEE ON ECONOMIC DEVELOPMENT, PUBLIC BUILDINGS AND EMERGENCY MANAGEMENT

"Looking Out for the Very Young, the Elderly and Others with Special Needs: Lessons from Katrina and other Major Disasters"

Subcommittee Hearing - Tuesday, October 20, 2009

STATEMENT FOR THE RECORD

Lt. Colonel Jerry Sneed

Director – Office of Emergency Preparedness – City of New Orleans

As the Director of Homeland Security and Emergency Preparedness for the City of New Orleans, I appreciate the opportunity to submit a statement for the record to this subcommittee on this important issue. After Hurricane Katrina, New Orleans Mayor Ray Nagin directed my predecessor, Colonel Terry Ebbert, to revamp the city's comprehensive emergency management plan for the evacuation of the city with three main goals in mind:

1. Provide greater support to the citizens who need special assistance;

2. Create and maintain an environment where the decision to evacuate becomes more desirable than remaining behind; and

3. Implement measures to greatly enhance the security of city resources during an emergency.

In response to this direction, we developed a City Assisted Evacuation Plan (CAEP) intended to help citizens and visitors of the City of New Orleans who want to evacuate during an emergency, but lack the capacity to do so on their own. The CAEP takes a holistic approach to potential evacuations by focusing on the needs of all vulnerable segments of the population-- people with disabilities, elderly, the homeless, children, people with language barriers, and tourists -- with equal importance but with particular strategies for each. The CAEP is not intended to supplant the personal responsibility of each person to prepare for his or her own evacuation. A key focus of our planning is to provide knowledge and incentive for people to self-evacuate. The CAEP is meant to be an evacuation method of last resort and is intended only for those citizens who have no other means or have physical limitations that prohibit self evacuation. While the CAEP is

primarily geared towards mass evacuation prior to landfall of a major hurricane, the plan is scalable and flexible so that it may be implemented whenever the City must execute a mass evacuation.

Throughout the development phase of the CAEP, we learned valuable lessons and forged lasting partnerships focused on the goal of taking care of all of our residents, as well as visitors to our city. In regards to children, we took the approach that a well planned evacuation process that was clearly defined and adequately rehearsed would reduce the possibility of children being separated from their families. All staff personnel participating in the loading process prior to evacuation are instructed that NO families are to be separated. To assure that our plans were appropriate for the real world, we developed a partnership with an assisted living facility in the Guste Homes public housing development. We worked closely with the elderly and mobility-impaired of Guste as we wrote and practiced our CAEP. This opportunity to discuss and rehearse our plan using these volunteers allowed us to fine tune it to the point that the Department of Justice has reviewed and approved it with the Americans with Disabilities Act (ADA) Compliance considerations. To our knowledge, we remain the only city in the United States to have such a plan receive this input and ultimate approval.

Estimates developed in 2006 indicated that we had potentially 25,000 to 30,000 citizens who would require the city's assistance with leaving following the declaration of a mandatory evacuation; approximately 5,000 of those were anticipated to need some specialized type of medical attention. In an effort to verify our estimations and to develop an actual working list that could be used in such an event, we asked citizens to pre-register for the CAEP by calling our city's 311 Hotline. Operators at 311 recorded information to be placed into a database so that we could provide those citizens with further instructions detailing what they were to do during the evacuation. During this process, many of our citizens reported having medical conditions that could render them physically unable to report to a collection site to be evacuated. Our city Health Department contacted these citizens to determine the extent of their limitations. This information was then provided to our Area Command Transportation Coordinator who worked with our local Emergency Medical Services (EMS), Regional Transit Authority (RTA), para-transit service providers, and state designated, federally contracted local ambulance companies to establish an operation to retrieve these citizens directly from their homes for delivery to a centralized processing and evacuation point. Our close relationship with local hospitals and nursing homes allowed for coordination to transport seriously ill patients to hospitals for departure through the National Medical Disaster System (NMDS).

When the CAEP was first developed, we used an aggressive community outreach program to educate our citizens about being prepared in the event of emergencies. As part of this program, we also developed and used the first ever city-specific American Sign Language emergency preparedness videos. To address the needs of the large non-English speaking community in our area, we prepared and distributed informational brochures about the CAEP in four different

languages – English, Spanish, Vietnamese, and Portuguese. (Attachments 1a – d). Additionally, we formed partnerships with local non-profit agencies that provide translators for presentations and exercises. From grade schools to high schools, to community gatherings to religious groups, we reached out to the entire community. Many of these agencies also provided us with hundreds of volunteers needed to assist in the many tasks during an evacuation; we deployed those volunteers during our evacuation as Hurricane Gustav approached in 2008. This year we developed a system called "evacuteer.org" to better identify and train these volunteers.

Due to the unique geographical situation in Southeastern Louisiana, the concept of the CAEP has become a regional issue. All our neighboring parishes have similar plans and an execution timeline that we have developed together. This ensures an orderly evacuation from the southernmost parishes first and proceeding northward so that those areas that would first be subject to tropical storm force winds are evacuated first.

In execution of the CAEP, when the pre-landfall timeline (Attachment 2) reaches 54 hours, the city begins to pick up citizens who require assistance and their pets at one of the 17 pre-designated pickup points throughout the city. (Attachment 3) Four of these pickup points are designated as "Senior Centers" and are equipped to accommodate senior citizens or those with mobility challenges. The remaining pickup points are regular bus stops. As mentioned above, those citizens who have been pre-registered and identified as unable to physically make it to the nearest pick-up point are gathered from their homes. All citizens are then to be taken to our Union Passenger Terminal (UPT) – an intermodal bus and rail terminal. There, a "transportation triage" is conducted to determine which mode of transportation is best suited for each individual and his or her family. Once the mode of transportation is determined, the state Department of Social Services (DSS) registers the citizens in a database to ensure proper accountability for all members of the family. This process takes into account medical conditions, ambulatory challenges and available caretakers. Each evacuee receives a color-coded armband designating a particular category for transportation need. The citizens then either board an AMTRAK train, a state-supplied coach bus, or a bus to the airport, for further transportation to an in-state or out-of-state supported shelter out of harm's way for the duration of the emergency. State policy requires that all parishes in the risk area (all southern parishes) evacuate to the northern parishes to ensure they are out of danger. When it is determined that it is safe to return to the city, the process is reversed and the citizens are returned to their homes by way of the UPT. A graphic depiction of how the UPT is set up as an evacuation transportation processing center is attached. (Attachment 4) Experience has taught us that the return plan has to be in as much detail and in many aspects is even more difficult than the evacuation. To help us in that regard, we developed a regional, tiered re-entry plan to ensure critical infrastructure is back up and functioning prior to the return of our citizens.

This evacuation partnership is only executable through close coordination with our federal, state and local partners. Local assets include 49 transit buses (for retrieving citizens from the pickup

points and taking them to the terminal), 25 para-transit lift equipped vehicles for assisting individuals with physical limitations to go from their homes to the terminal or to the hospitals, 30 coach type buses for moving individuals from the processing center to the airport, and 10 airport shuttles for evacuation of hotel guests and tourists that are moved directly to the airport.

The state supplies us with 300 school buses and 700 coach buses to transport citizens and small pets from the processing center to the state shelters, 30 ambulances to assist in taking very ill patients to the medical evacuation point, and air-conditioned tractor-trailers for transporting larger pets to a pet sheltering facility in close proximity to the state supported shelter.

Our federal partners provided us with 3 AMTRAK trains (capable of transporting approximately 1,500 people), planes for transport of citizens to shelters outside Louisiana, and military NMDS planes for transporting seriously ill patients. They also have the ability to provide additional coach buses through an emergency GSA contract should state buses prove insufficient for transport. Hurricane Gustav in August 2008 was our first execution of the CAEP and was a great success. In a period of 48 hours, we successfully evacuated 18,000 to 20,000 citizens and nearly 500 pets from New Orleans using buses, trains and planes. These were citizens who had no other way of departing the city - *those same citizens that did not have this option during Hurricane Katrina.* Additionally, more than 1,000 seriously ill people were evacuated by planes through the NMDS. Another 15,000 tourists and visitors were evacuated using charter or special section flights coordinated by FEMA. Using the CAEP, and the self-evacuation through the state's Contraflow plan for those that can evacuate using their own method of transportation, we estimate the city of New Orleans was 97% evacuated--approximately 315,000 based on our 2008 population, and 1.9 million people evacuated the southern region of Louisiana. This allowed response personnel to attend to immediate recovery actions after the storm rather than concentrating on rescue activities.

Though the operation was successful, it also provided us with information about specific areas that needed further refinement. The state DSS electronic tracking system, Phoenix, failed within the first 45 minutes of processing and had to be completely abandoned. This left us with no record of which citizen got on which mode of transportation or to which shelter they were eventually assigned. This tracking system remains an unresolved problem and one that we believe is critical that the state resolve. During the last hurricane season, the state requested that we fill out a handwritten ticket for each citizen rather than opting for pre-made evacuation documents. We have been advocating for utilization of an evacuation registration card that could be pre-loaded with information and potential entitlements such as disaster food stamps. Whatever system is ultimately developed and adopted, it has to be one in which data is obtained quickly in order to move thousands of evacuees in a short period of time. A system that slows down loading in order to have an accurate listing of evacuees is not acceptable. We will continue to work with the state and FEMA to find a solution.

It also became clear during the development and implementation of our plan that there are not enough "handicapped" capable transportation assets to accommodate the needs of our city in case of mandatory evacuation. Of note, the AMTRAK trains provided by the federal government as part of our evacuation plan as the primary mode for transporting people in wheelchairs were not ADA compliant and had a total of only four wheelchair accommodations. The buses provided by the state contractors also lacked sufficient ADA accommodations with only 189 ADA compliant spaces provided for the entire Southeastern Louisiana region. There are not enough ADA compliant vehicles in the entire nation to properly accommodate the requirements throughout the United States. This is something that will need national attention for the future.

Another serious issue is the cost of necessary mass evacuations. The state's cost for the buses alone was $6.2 million but total costs are estimated near $100 million. The city's portion of that $100 million was in excess $26 million. We only had to execute this plan once in 2008 but the potential exists during an active hurricane season for multiple executions during any single hurricane season. The cost for multiple evacuations would be overwhelming for communities even with reimbursement through the Stafford Act for much of the cost.

Southeastern Louisiana has come a long way since Hurricane Katrina and with much help from FEMA and coordination with the state, we developed a plan that we successfully used during Hurricane Gustav. However, there are many other areas subjected to potential hurricane evacuation within the United States. Many other densely populated areas are faced with other threats and hazards for which they too may require a "mass evacuation." The City of New Orleans has been advocating for a federal evacuation transportation plan for the nation that will allow for ease in marshalling all assets (trains, buses, planes, ambulances) that can be deployed to any region for any disaster.

Further, this transportation plan needs to be coupled with a federal sheltering plan that can easily handle thousands of displaced citizens. This sheltering plan would be even more necessary should this nation ever experience a man-made disaster such as a WMD attack. This type of scenario would yield frightened citizens needing to see a well-organized and capable federal force, ready to take care of citizens. This requirement goes beyond the current reliance on having volunteers open up local facilities such as schools and church recreation centers. BRAC bases and federal facilities should be assessed as places that could be stood up quickly with the ability to be scalable according to the incident.

The City of New Orleans has made huge strides in developing and testing the execution of a comprehensive plan to evacuate for a major hurricane. We took the lessons learned in Hurricane Katrina to focus planning and resources particularly on the needs of vulnerable populations. This type of plan should be done in all major population centers of the United States. A larger role must be played by the federal government through DHS/FEMA to use federal assets and to

facilitate regional multi-state coordination. More focus should be put in these plans on the requirements of special needs segments of our population. The City of New Orleans is eager to use our experience where it can be helpful, and to learn from the experience of others as we develop plans that could ultimately save the lives of Americans anywhere in the United States.

Again, I thank you for the opportunity to submit this statement for the record and regret not being able to voice these views in person to your subcommittee.

What is the CAEP?

The City-Assisted Evacuation Plan (CAEP) is a program designed to help people who have no means of evacuating on their own. This may be due to financial need, unreliable or no transportation, or homelessness. If you feel you may be eligible for the CAEP, call the City's 311 hotline or the 800 numbers listed on the back of this brochure and answer the phone survey. If you are eligible for the CAEP, you will be notified via postcard and your information kept in a database for registration during evacuation.

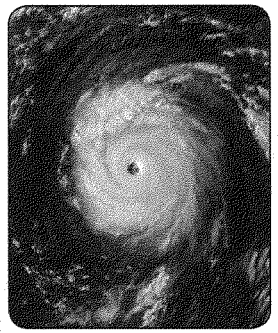
Important information for CAEP Users:

- If any information changes after you have registered, please call 311 to update these changes.
- Bring identification with you when you evacuate including State-issued license or ID card. If you do not have any documentation, you will NOT be turned away.
- Bring only 1 small carry-on bag per person (no more than 45" total dimensions). Pet carriers, purses, and diaper bags will not count as your one bag.
- Bring your medicines and prescriptions (must be in their original bottles or packages).
- Bring important papers for safekeeping.
- Bring cash with you. Banks at evacuation locations may be unable to process debit or credit cards. Bring a book of checks to use.
- Those with special medical physical or psychological needs should consult physicians, counselors, home health care agencies, and service providers to arrange care where they are going.
- The elderly, mobility-impaired and those that need medical resources should go to a CAEP senior center for evacuation pickup. These have mobility access and are staffed to assist people with non-routine concerns. All others should report to a general pickup point listed inside.
- Those transported to special needs shelters will only be allowed to bring one caretaker with them.
- If you bring a pet during CAEP, it must have ID, collar, leash, be up to date on vaccines, and have any needed medications.
- ***NO WEAPONS, ALCOHOL, OR DRUGS WILL BE ALLOWED. ALL SUCH ITEMS WILL BE CONFISCATED.***

For more information on the CAEP or emergency planning:
311
1-877-286-6431
1-800-981-NOLA (TTY)
www.nolaready.com

To register for the city emergency alert system:
www.nolaready.info
or
text message NOLA4U

City Assisted Evacuation Plan (CAEP)

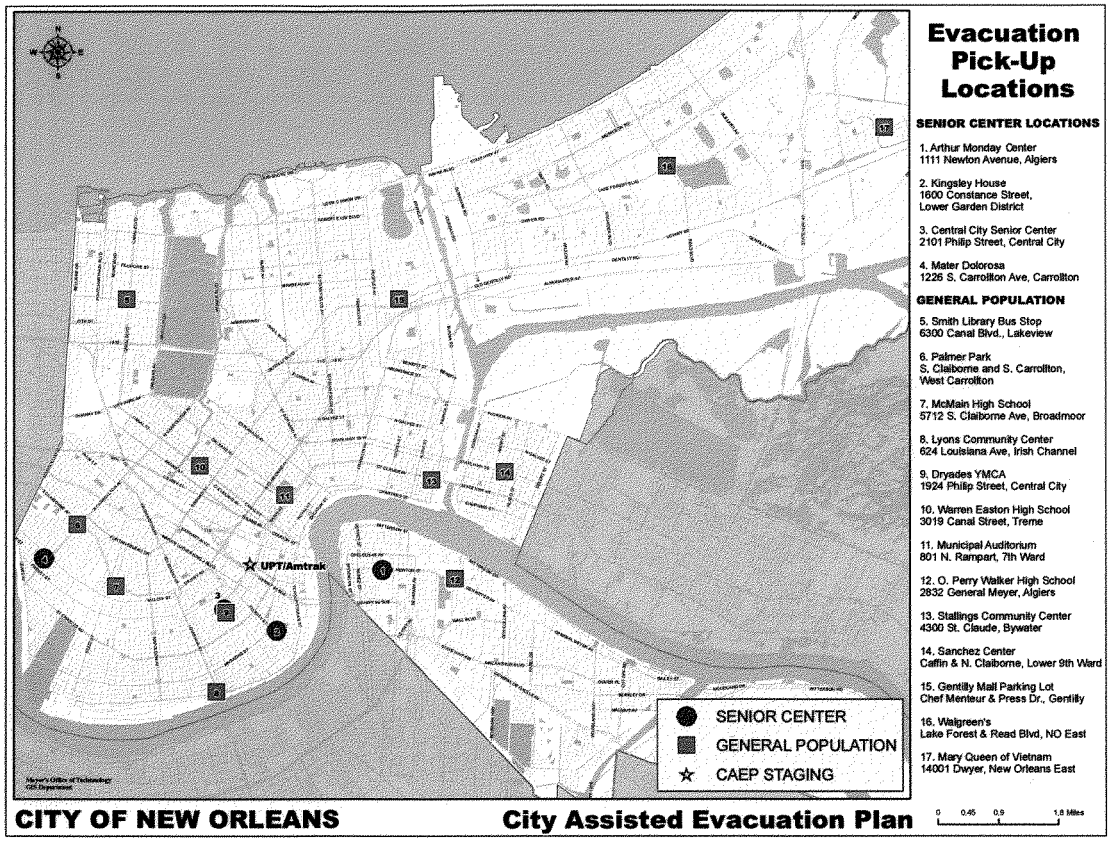


A Guide to Accessing the CAEP

ONE NEW ORLEANS

Rethink • Renew • Revive

C. Ray Nagin, Mayor



Evacuation Pick-Up Locations

SENIOR CENTER LOCATIONS

1. Arthur Monday Center
1111 Newton Avenue, Algiers

2. Kingsley House
1600 Constance Street,
Lower Garden District

3. Central City Senior Center
2101 Philip Street, Central City

4. Mater Dolorosa
1226 S. Carrollton Ave, Carrollton

GENERAL POPULATION

5. Smith Library Bus Stop
6300 Canal Blvd., Lakeview

6. Palmer Park
S. Claiborne and S. Carrollton,
West Carrollton

7. McMain High School
5712 S. Claiborne Ave, Broadmoor

8. Lyons Community Center
624 Louisiana Ave, Irish Channel

9. Dryades YMCA
1924 Philip Street, Central City

10. Warren Easton High School
3019 Canal Street, Treme

11. Municipal Auditorium
801 N. Rampart, 7th Ward

12. O. Perry Walker High School
2832 General Meyer, Algiers

13. Stallings Community Center
4300 St. Claude, Bywater

14. Sanchez Center
Caffin & N. Claiborne, Lower 9th Ward

15. Gentilly Mall Parking Lot
Chef Menteur & Press Dr., Gentilly

16. Walgreen's
Lake Forest & Read Blvd, NO East

17. Mary Queen of Vietnam
14001 Dwyer, New Orleans East

¿Qué es el CAEP?

El Plan Municipal de Ayuda para la Evacuación (CAEP, por sus siglas en inglés) es un programa para quienes no puedan evacuarse por sí solos, ya sea porque carecen de hogar, de medios de transporte adecuados o de recursos económicos. Si usted considera que debe poder acceder al CAEP, llame al 311 o a los números gratuitos que figuran al dorso de este folleto y responda a la encuesta telefónica.

Si usted reúne las condiciones para beneficiarse del CAEP, se le enviará una postal para informárselo y se conservarán sus datos para que se inscriba durante una eventual evacuación.

Información importante para quienes accedan al CAEP:

- Llame de nuevo al 311 para actualizar sus datos, antes de que se presente alguna emergencia.
- Tenga consigo sus documentos de identidad oficiales, entre ellos la licencia de manejar o el carné de identidad. No se rechazará a quienes no tengan documentos de identidad.
- Lleve como máximo una maleta grande por persona y una pieza de equipaje de mano. Los portamascotas no se considerán maletas.
- Lleve sus medicamentos y recetas médicas.
- Lleve sus papeles importantes para que no se pierdan.
- Lleve dinero en efectivo. Es posible que los bancos locales no estén en condiciones para tramitar débitos, créditos o cheques.
- Se proporcionarán alimentos y agua para el viaje. Lleve refrigerios y agua para los tiempos de espera.
- Quienes tengan necesidades médicas especiales, discapacidades o trastornos mentales deben consultar con médicos, consejeros y organismos y proveedores para la salud en el hogar, para que sean atendidos en su destino.

- Los ancianos, las personas con dificultades para movilizarse y quienes tengan necesidades especiales deberán acudir a un centro para ancianos para que los recojan a fin de evacuarlos. Todos los demás deberán reportarse a un sitio de recogida general (ver la lista dentro del folleto).
- Si acude a un refugio de necesidades especiales, sólo una persona podrá acompañar al paciente.
- Si es posible, encargue sus mascotas a una persona de confianza. En caso de llevar una mascota durante la evacuación, deberá ir en portamascotas. Llevar pruebas de identificación, collar y correa, estar al día con sus vacunas, y tener los medicamentos que necesite.
- Los turistas deben consultar con su hotel o con la Dirección para Convenciones y Turismo para conocer los procedimientos especiales para la evacuación de viajeros.
- No se permitirán armas, bebidas alcohólicas ni drogas. Estos artículos serán confiscados.

Para enterarse de más informes sobre el CAEP o sobre la previsión de emergencias, marque:
311
1-877-286-6431
1-800-981-NOLA (para sordos)
o acuda en Internet a
www.nolaready.com

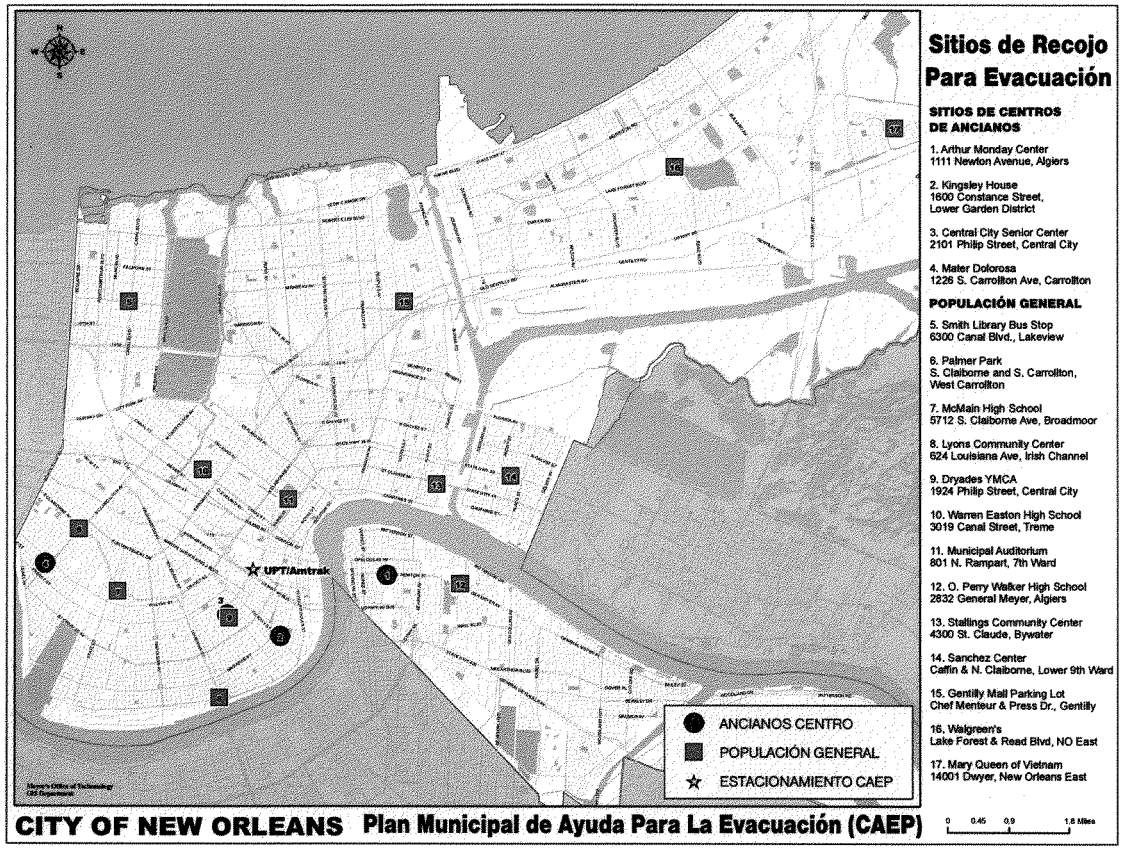
NEW ORLEANS
EMERGENCY PREPAREDNESS

Translation courtesy of the Asociación Tepeyac de Nueva Orleans
www.atasel.org

Plan municipal de ayuda para la evacuación (CAEP)

Guía de acceso

ONE NEW ORLEANS
Rethink • Renew • Revive
C. Ray Nagin, Mayor



Sitios de Recojo Para Evacuación

SITIOS DE CENTROS DE ANCIANOS

1. Arthur Monday Center
1111 Newton Avenue, Algiers

2. Kingsley House
1600 Constance Street,
Lower Garden District

3. Central City Senior Center
2101 Philip Street, Central City

4. Mater Dolorosa
1226 S. Carrollton Ave, Carrollton

POPULACIÓN GENERAL

5. Smith Library Bus Stop
6300 Canal Blvd., Lakeview

6. Palmer Park
S. Claiborne and S. Carrollton,
West Carrollton

7. McMain High School
5712 S. Claiborne Ave, Broadmoor

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16. Walgreen's
Lake Forest & Read Blvd, NO East

17. Mary Queen of Vietnam
14001 Dwyer, New Orleans East

CITY OF NEW ORLEANS **Plan Municipal de Ayuda Para La Evacuación (CAEP)**

CAEP là gì?

Kế Hoạch Di Tản Có Sự Trợ Giúp Của Thành Phố (City-Assisted Evacuation Plan, hay CAEP) là một chương trình được thiết trí để trợ giúp cho những người nào không có khả năng tự di tản. Có thể là do nhu cầu tài chánh thiếu thốn, phương tiện di chuyển không có hoặc không bảo đảm, hoặc vô gia cư. Nếu quí vị thấy mình đủ điều kiện về CAEP, gọi đường giây thường trực của thành phố số 311 hoặc số 800 được liệt kê ở phần cuối của tờ thông tin này và trả lời cuộc phỏng vấn qua điện thoại.

Nếu quí vị hội đủ điều kiện của CAEP, quí vị sẽ được thông báo qua bưu thiếp và thông tin của quí vị được nhập vào sở dữ kiện để dùng ghi danh trong tức di tản.

Dưới đây là thông tin quan trọng cho người sử dụng CAEP:

- Nếu mọi thông tin nào thay đổi sau khi quí vị ghi danh, xin gọi 311 để cập nhật những thay đổi này.
- Mang theo giấy tờ tùy thân khi quí vị di tản kể cả bằng lái xe hoặc thẻ nhận diện. Nếu quí vị không có giấy tờ, quí vị cũng không bị từ chối.
- Mỗi người chỉ mang được 1 túi hành lý xách tay (tổng kích thước không được quá 45 inches). Không tính chuồng chở thú nuôi, ví sách tay và bịch tã.
- Mang theo thuốc và toa thuốc (thuốc phải trong lọ hoặc trong bọc).
- Mang theo những giấy tờ quan trọng để cất giữ an toàn.
- Mang theo tiền mặt. Nhà băng trong nơi di tản không thể xuất tiền hoặc thẻ tín dụng. Máy theo ngân phiếu để dùng.

- Những người có nhu cầu y tế về thể lý cũng như tâm lý cần phải tham vấn với bác sĩ, cố vấn, chuyên gia tư vấn, dịch vụ và nơi chăm sóc sức khỏe tại gia để lo liệu việc chăm sóc ở nơi họ sắp đến.
- Lão niên, những người bị thiểu năng di động và có nhu cầu đặc biệt về y tế cần phải đi đến một trung tâm lão niên để được rước đi di tản. Tất cả người khác cần phải đến một địa điểm rước chung (liệt kê bên dưới).
- Những người được chuyển đến nơi tạm trú cho những người có nhu cầu đặc biệt chỉ được phép mang theo một người chăm sóc.
- Nếu quí vị đem theo thú vật khi đi tản, quí vị phải có thể nhận diện, dây deo cổ, và dấy dắt thú vật, đã được chích ngừa và có những loại thuốc men cần thiết.

- ***KHÔNG ĐƯỢC ĐEM PHÉP MANG THEO VŨ KHÍ, RƯỢU HAY MA TUÝ. NHỮNG THỨ NÀY SẼ BỊ TỊCH THU.***

Muốn biết thêm chi tiết về CAEP hoặc lập kế hoạch cho trường hợp khẩn cấp:

311

1-877-286-6431

(TTY - Máy điện văn)

hoặc viếng thăm

www.nolaready.com

Đã ghi danh cho chương trình cấp báo trong trường hợp khẩn cấp:

www.nolaready.info

hoặc

điện văn NOLA4U hoặc 665248

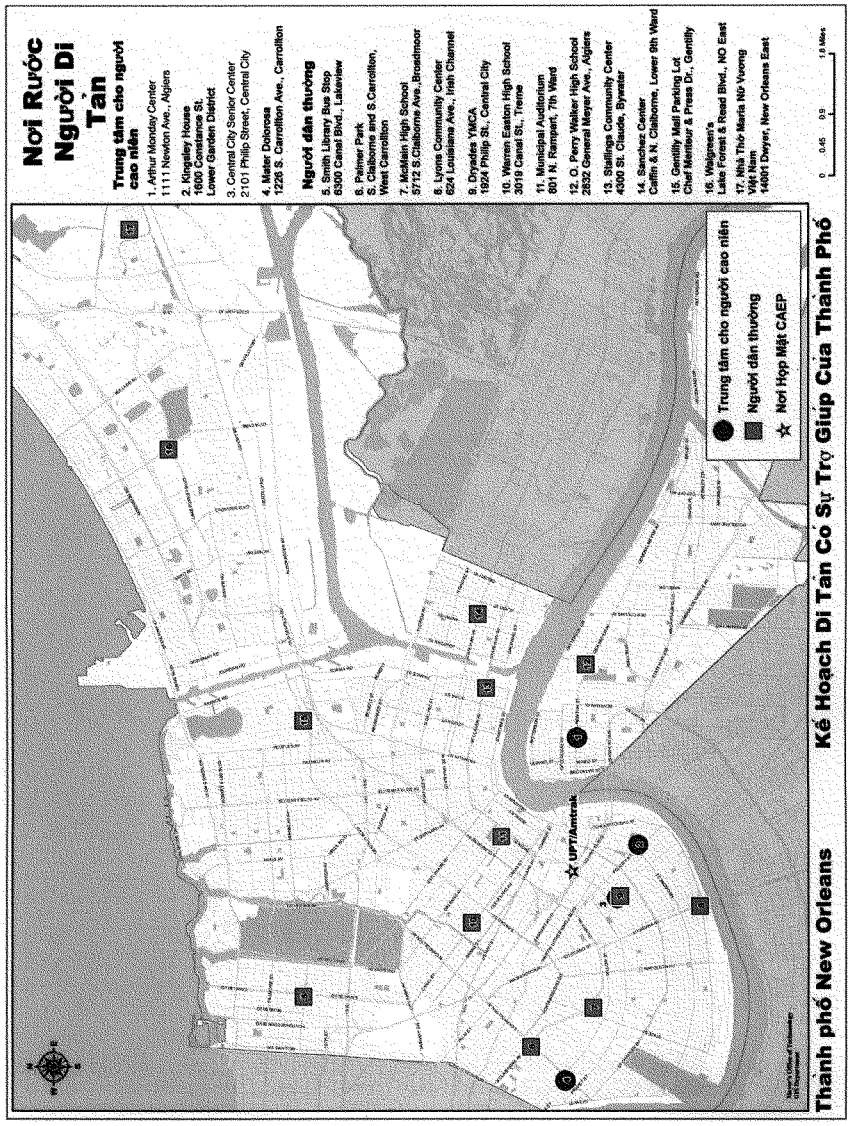
Kế Hoạch Di Tản Có Sự Trợ Giúp Của Thành Phố

Bản Hướng Dẫn để tham khảo CAEP

ONE NEW ORLEANS

Rethink • Renew • Revive

C. Ray Nagin, Mayor


Nơi Rước Người Đi Tản
Trung tâm cho người cao niên
1. Arthur Monday Center
1111 Newton Ave., Algiers
2. Kingsley House
1600 Constance St.
Lower Garden District
3. Central City Senior Center
2101 Philip Street, Central City
4. Mater Dolorosa
1226 S. Carrollton Ave., Carrollton
Người dân thường
5. Smith Library Bus Stop
6300 Canal Blvd., Lakeview
8. Palmer Park
S. Claiborne and S.Carrollton,
West Carrollton
7. McMain High School
5712 S.Claiborne Ave., Broadmoor
8. Lyons Community Center
624 Louisiana Ave., Irish Channel
9. Dryades YMCA
1924 Philip St., Central City
10. Warren Easton High School
3019 Canal St., Treme
11. Municipal Auditorium
801 N. Rampart, 7th Ward
12. O. Perry Walker High School
2832 General Meyer Ave., Algiers
13. Stallings Community Center
4300 St. Claude, Bywater
14. Sanchez Center
Caffin & N. Claiborne, Lower 9th Ward
15. Gentilly Mall Parking Lot
Chef Menteur & Press Dr., Gentilly
16. Walgreen's
Lake Forest & Reed Blvd., NO East
17. Nhà Thờ Maria Nữ Vương
Việt Nam
14001 Dwyer, New Orleans East
Trung tâm cho người cao niên
Người dân thường
Nơi Họp Mặt CAEP
UPT/Amtrak
Thành phố New Orleans
Kế Hoạch Di Tản Có Sự Trợ Giúp Của Thành Phố
0 0.45 0.9 1.8 Miles

Este programa é projetado ajudar as pessoas que não têm nenhum meio de evacuar por conta própria. Isto pode ser um resultado de necessidade financeira, incerto ou nenhum transporte, ou falta de moradia. Se sente-se que você pode qualificar-se para o plano, chama a linha de informação da cidade ou números de contato de uso alistados nas costas desta brochura e responde a pesquisa de fone. Se elegível você será notificado via cartão postal e sua informação armazenou numa base de dados para registro durante evacuação.

Informação importante para operadores do plano de CAEP são alistadas embaixo:

- se qualquer de sua informação de contato arrisca depois que registra, por favor chame ao número de 311 para atualizar estas mudanças
- Traga identificação com você quando evacua incluindo licenças estado-emitidos ou cartões de identificação. Você não será desviado se faltando documentação.
- Traga só uma sacola pequena de alvoroço por pessoa não mais de 45 polegadas em dimensões totais. Os portadores de animal, bolsas e sacolas de fralda não contarão como sua uma sacola.
- Traga suas medicinas e receitas em suas garrafas originais ou embrulhos.
- Esteja seguro trazer seus documentos importantes
- Traga dinheiro com você. Os bancos em situações de evacuação non podem poder processar débito ou cartões de crédito. Também, traga seu talão de cheques como uma forma alternativa de pagamento.

- Esses com especial médico, necessidades físicas ou psicológicas devem consultar seu médico e fornecedores de serviço de saúde fazer arranjos para atenção especial onde eles vão.
- O idoso e mobilidade-prejudicado deve ir a um centro sênior para camionete de evacuação. Estes têm acesso de mobilidade e são providos de pessoal ajudar as pessoas com interesses de não-rotina. Todos os outros deve informar a um ponto geral de camionete alistou na cobertura interna desta brochura.
- Esses transportado a abrigos especiais de necessidades só será permitido trazer um vigilante com eles.
- Se traz um animal durante uma evacuação, deve ter identificação, um colarinho, uma correia, até registros de vacinação de data e qualquer medicamento necessário.

Nenhumas armas, álcool nem drogas serão permitidos. Todos tais itens serão confiscados.

Para mais informação no plano ou emergência planeja, chama o número de telefone:
311
1-877-286-6431
1-800-981-NOLA (TTY)
www.nolaready.com

Para registrar para ao sistema atento da emergência para a cidade:
www.nolaready.info

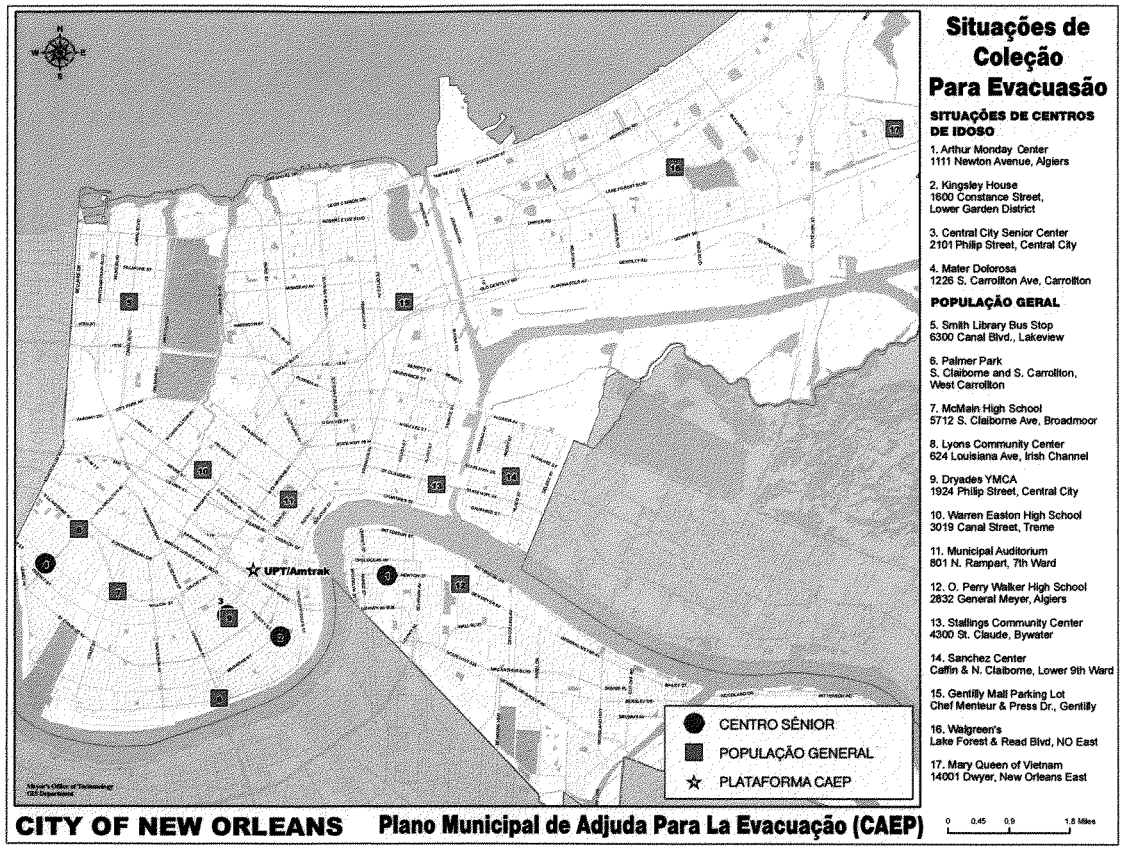
O Plano Municipal de Adjuda para la Evacuação

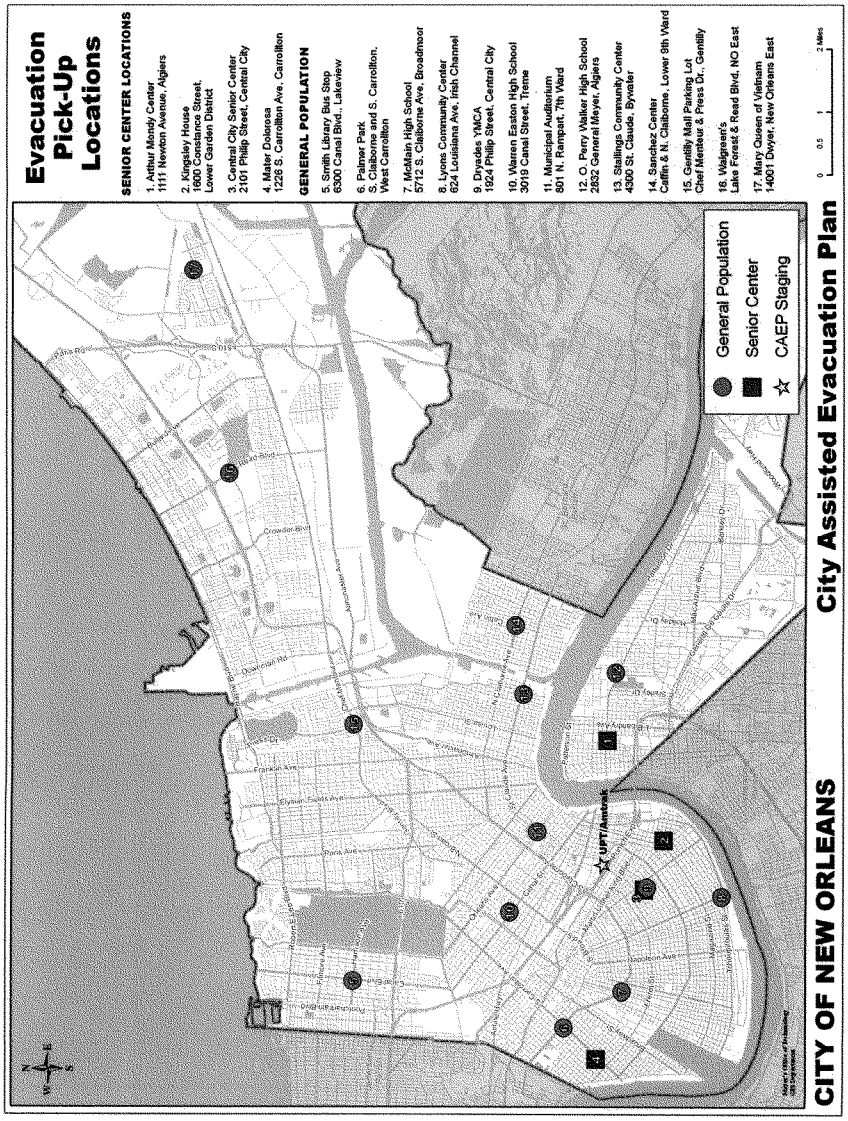
Guia de Acesso

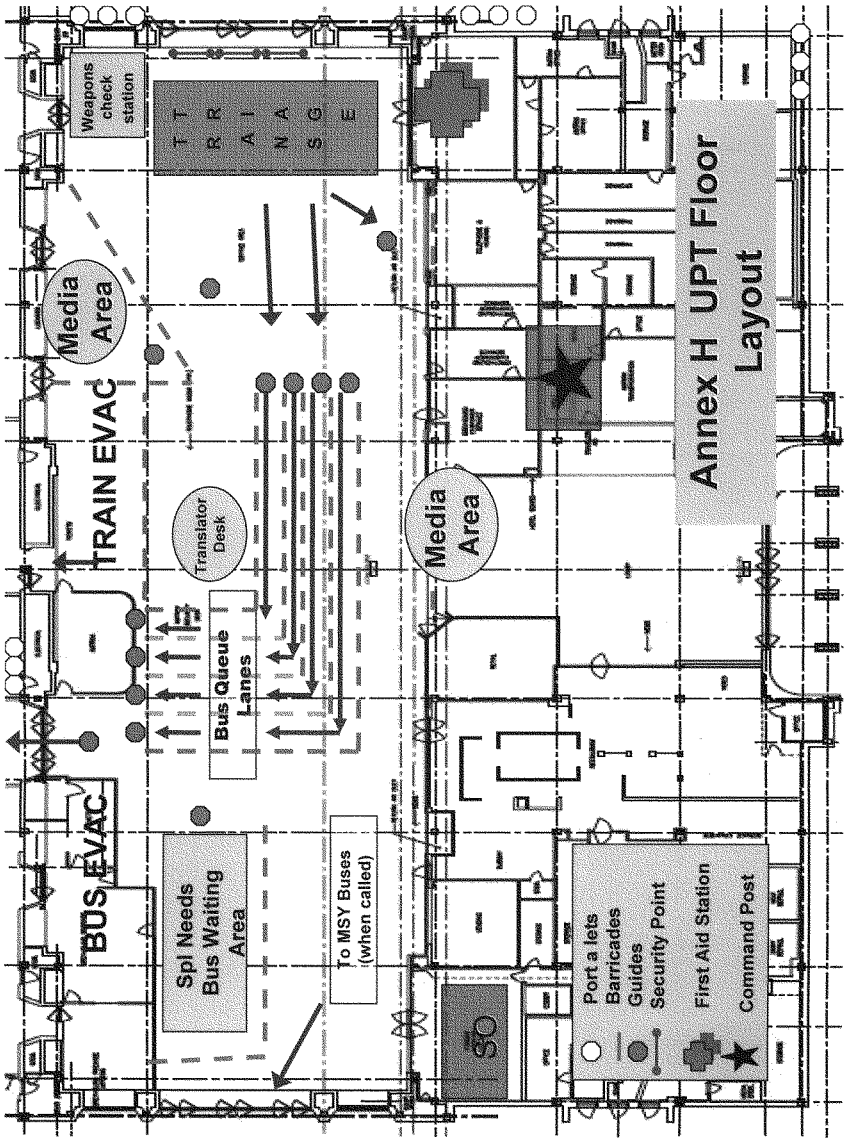
NEW ORLEANS

OFFICE OF EMERGENCY PREPARDNESS

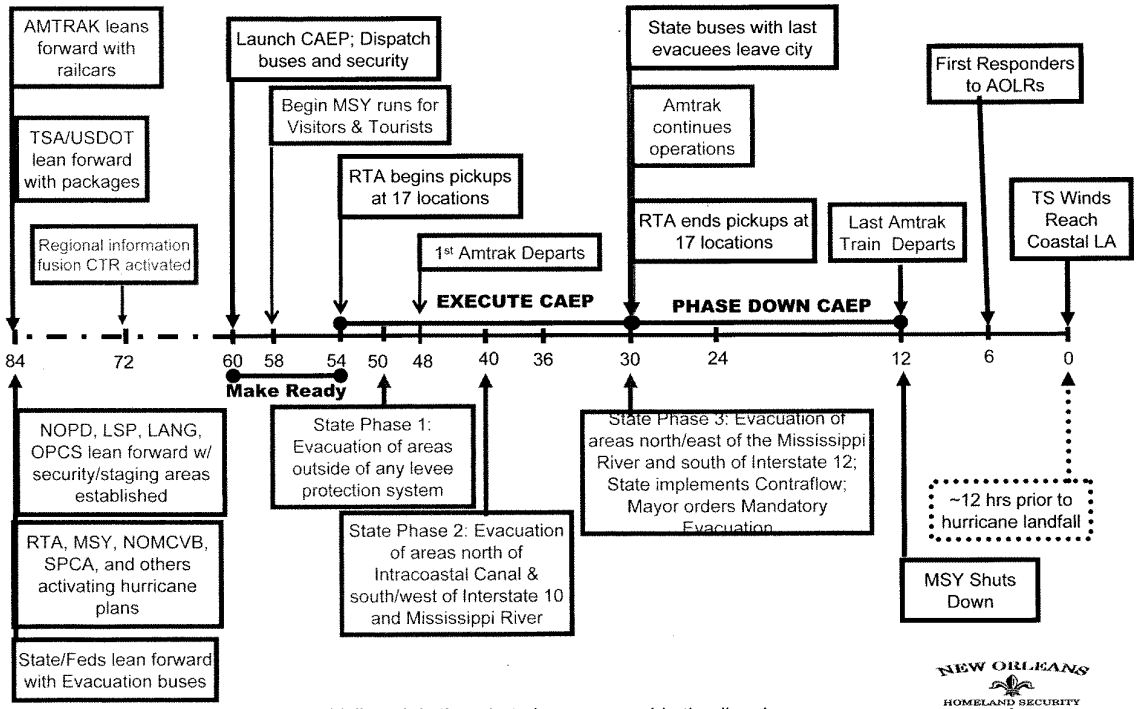
C. Ray Nagin, Mayor


Situações de Coleção Para Evacuasão
SITUAÇÕES DE CENTROS DE IDOSO
1. Arthur Monday Center
1111 Newton Avenue, Algiers
2. Kingsley House
1600 Constance Street,
Lower Garden District
3. Central City Senior Center
2101 Philip Street, Central City
4. Mater Dolorosa
1226 S. Carrollton Ave, Carrollton
POPULAÇÃO GERAL
5. Smith Library Bus Stop
6300 Canal Blvd., Lakeview
6. Palmer Park
S. Claiborne and S. Carrollton,
West Carrollton
7. McMain High School
5712 S. Claiborne Ave, Broadmoor
8. Lyons Community Center
624 Louisiana Ave, Irish Channel
9. Dryades YMCA
1924 Philip Street, Central City
10. Warren Easton High School
3019 Canal Street, Treme
11. Municipal Auditorium
801 N. Rampart, 7th Ward
12. O. Perry Walker High School
2832 General Meyer, Algiers
13. Stallings Community Center
4300 St. Claude, Bywater
14. Sanchez Center
Caffin & N. Claiborne, Lower 9th Ward
15. Gentilly Mall Parking Lot
Chef Menteur & Press Dr., Gentilly
16. Walgreen's
Lake Forest & Read Blvd, NO East
17. Mary Queen of Vietnam
14001 Dwyer, New Orleans East
UPT/Amtrak
CENTRO SÊNIOR
POPULAÇÃO GENERAL
PLATAFORMA CAEP
0 0.45 0.9 1.8 Miles
CITY OF NEW ORLEANS
Plano Municipal de Adjuda Para La Evacuação (CAEP)


Evacuation Pick-Up Locations
SENIOR CENTER LOCATIONS
1. Arthur Mondy Center
1111 Newton Avenue, Algiers
2. Kingsley House
1600 Constance Street,
Lower Garden District
3. Central City Senior Center
2101 Philip Street, Central City
4. Mater Dolorosa
1229 S. Carrollton Ave, Carrollton
GENERAL POPULATION
5. Smith Library Bus Stop
6300 Canal Blvd., Lakeview
6. Palmer Park
S. Claiborne and S. Carrollton,
West Carrollton
7. McMain High School
5712 S. Claiborne Ave, Broadmoor
8. Lyons Community Center
624 Louisiana Ave, Irish Channel
9. Dryades YMCA
1924 Philip Street, Central City
10. Warren Easton High School
3019 Canal Street, Treme
11. Municipal Auditorium
801 N. Rampart, 7th Ward
12. O. Perry Walker High School
2632 General Meyer, Algiers
13. Stallings Community Center
4800 St. Claude, Bywater
14. Sanchez Center
Caffin & N. Claiborne, Lower 9th Ward
15. Gentilly Mall Parking Lot
Chef Menteur & Press Dr., Gentilly
16. Walgreen's
Lake Forest & Read Blvd, NO East
17. Mary Queen of Vietnam
14001 Dwyer, New Orleans East
General Population
Senior Center
CAEP Staging
UPT/Amtrak
CITY OF NEW ORLEANS
City Assisted Evacuation Plan
0
0.5
1
2 Miles


Annex H UPT Floor Layout
TRAIN EVAC
BUS EVAC
Weapons check station
TT RR AI NA SG E
Media Area
Translator Desk
Bus Queue Lanes
Spl Needs Bus Waiting Area
To MSY Buses (when called)
Media Area
SO
Port a lets
Barricades
Guides
Security Point
First Aid Station
Command Post

Annex B – 2009 New Orleans City Assisted Evacuation Plan Timeline



Note: This is only to be used as a guideline. It is thought to be a reasonable timeline; however, there may be more or less time available depending on the circumstances of the actual event.